

Attention All Home Health Agencies (HHA)
License / Accreditation Verification Required

On April 12, 2010 Palmetto GBA mailed letters to all HHAs requesting verification of license and/or accreditation documentation by April 30, 2010.

Please submit a copy of your HHA State License OR Accreditation documentation by mail OR fax with the attached coversheet by April 30, 2010 to the following address.

Palmetto GBA
Part A Provider Enrollment (AG-330)
P.O. Box 100144
Columbia, SC 29202
FAX 803-763-2030

Failure to submit valid state license and/or accreditation documentation by the requested date will result in your Medicare billing privileges being revoked.

Please direct any questions you may have regarding this process to our Provider Contact Center at 866-801-5301.

**Palmetto GBA
Home Health Agency License / Accreditation Verification
Response**

This coversheet must be submitted with a copy of your State License or Accreditation

Legal Business Name: _____

DBA: _____

PTAN: _____

NPI: _____

Practice Location Address:

Authorized Contact Person:

Name: _____

Telephone Number: _____

Email Address: _____