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SPOT

Submitter ID Update Request Form

Please complete this form and return it to First Coast Service Options Inc. to update the information we have on file for your SPOT submitter ID. Please note, once these changes have been completed, you **MUST** update your Identity Management (IDM) system enrollment the following business day to avoid impacts to your Organization's First Coast SPOT access. A fax will be sent to confirm we have completed your request.

All fields marked with an * are required. Please type or print clearly.

Organization information R2-24

*State: Select one from dropdown	*Line of business: Select one from dropdown

*Current SPOT submitter ID:	*Current legal business name:	*Correspondence fax number:
*Correspondence mailing address (Street, City, State/Province, ZIP code/Postal code):		

*Information to be changed (ONLY complete fields that need changed, leave all others blank)

Updated legal business name:		Updated Tax ID:
Updated contact person's name:		Updated contact person's telephone number:
Updated correspondence street address:		Updated correspondence City:
Updated correspondence State/Province:		Updated correspondence ZIP code/Postal code:
Updated Approver first name:	Updated Approver last name:	Updated Approver email:
Updated Backup Approver first name:	Updated Backup Approver last name:	Updated Backup Approver email:

Providers: The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855).

*Required Signature

*Written Signature of Person Submitting Form: (add after you print the form)	*Date (mm/dd/yyyy):
*Printed Name of Person Submitting Form:	*Printed Title of Person Submitting Form:
Contact person's email address:	*Contact person's telephone number:

Complete form, print, sign, date, and mail, email (recommended), OR fax all pages to:

First Coast Medicare EDI, P.O. Box 3703, Mechanicsburg, PA 17055-1861

Email: MedicareEDI@fcso.com

OR Fax: (904) 361-0470

Please do not send duplicate forms.

Print Form Clear Form