

SPOT Migration List Template Instructions for Completion:

Complete the instructions below for migrating providers to an existing SPOT Submitter ID.

1. Provide the group or solo practice Provider Name
2. Provide the group or solo practice PTAN
 - o All PTANs listed must have previously been linked to the same billing service or clearinghouse's non-SPOT Submitter ID.
3. Provide the group or solo practice NPI
4. Complete the ERA Selection
 - o If no selection is made, the existing ERA setup will be maintained.
Exception: If the provider is currently receiving paper remittance, they cannot be migrated with this request. The provider will need to complete the [EDI SPOT Enrollment Form for Provider Organizations](#).
5. Complete the signature, fax number, printed name, title, and date signed.
6. Provide the Submitter Legal Business Name, Submitter ID, Tax ID, and mailing address for the billing service or clearinghouse.
7. Email, fax OR mail the completed form to:
Email: MedicareEDI@fcso.com
Fax: (904) 361-0470
Post: First Coast Medicare EDI, P.O. Box 3703, Mechanicsburg, PA 17055-1861