THE PECOS ENROLLMENT PROCESS

Internet-based Provider Enrollment, Chain and Ownership System (PECOS) is an electronic Medicare enrollment system through which providers and suppliers can:

- Submit Medicare enrollment applications
- View and print enrollment information
- Update enrollment information
- Complete the revalidations process
- Voluntarily withdraw from the Medicare Program and
- Track the status of a submitted Medicare enrollment application

BEFORE YOU BEGIN THE ENROLLMENT PROCESS!

You need to gather the following information:

1) Your NPI User ID and Password. If you have misplaced these or don’t remember your log in information click here to initiate username and password recovery. NOTE> It is very important that your NPI Taxonomy reflect your current program. For a listing of Provider Taxonomies, click here.

2) Your Illinois medical license number and issue date. To locate this information, you may either go to IDFPR's License Lookup page OR access your New Innovations account.

3) Then go to https://pecos.cms.hhs.gov/pecos/login.do#headingLv1 to begin the enrollment process

Log into the PECOS enrollment system using your NPI User ID and Password

NOTE: JAVA SCRIPT MUST BE ENABLED IN YOUR INTERNET BROWSER FOR PECOS TO WORK PROPERLY!

WE RECOMMEND USING THE MOST CURRENT VERSION OF GOOGLE CHROME TO APPLY
STEP 2

Select "My Associates"

STEP 3

Click on “Create New Application”
STEP 4
Verify that you are the applicant then select “Next Page”

STEP 5
Answer “Yes” to the order and refer question, then select “Next Page”

STEP 6
Verify your information then select “Next Page”

STEP 7
Select “Illinois” from the drop down menu then select “Next Page”
Select your program specialty from the Part B Physician Specialties dropdown menu.

Review enrollment information, then select “Start Application”
This lists the steps in the enrollment process and indicates which steps have been completed. Select “Next Page” to continue.

### Personal Information

Click “Add Information” to add information to the Personal Information Topic.

Verify Personal Information. Make any changes and add missing data. Then select “Next Page”.

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**Topics**

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

<table>
<thead>
<tr>
<th>Completed Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Information</td>
</tr>
<tr>
<td>Practitioner Specialty</td>
</tr>
<tr>
<td>Correspondence Address</td>
</tr>
<tr>
<td>License, Certification, and DEA Information</td>
</tr>
<tr>
<td>Final Adverse Legal Actions</td>
</tr>
<tr>
<td>Ordering and Referring Reason</td>
</tr>
<tr>
<td>Contact Person</td>
</tr>
<tr>
<td>Required and/or Supporting Documentation</td>
</tr>
</tbody>
</table>

**Note:**
- Once you have completed all the topics and no errors are present, the ‘Begin Submission’ button will be enabled. You may review errors at any time by clicking the ‘Error Check’ tab. Clicking ‘Begin Submission’ will initiate the Submission Process.
STEP 13
List any previous names (if applicable), then select “Next Page”

STEP 14
Leave this field blank, then select “Next Page”

STEP 15
Enter your Medical School from the dropdown menu. Enter Year of Graduation, then select “Save”

STEP 16
Confirm Personal Information entered correctly then proceed on to the next topic
STEP 17
Enter Secondary Physician Specialty if any, then select “Next Topic”

STEP 18
Select “Add Information” to enter Correspondence Address

STEP 19
Enter Business Location Name and Address as indicated.
STEP 20
Enter your residency coordinator’s phone number, fax and your Loyola email address, then select “Save”

STEP 21
Confirm information entered then proceed to the next topic

STEP 22
Click “yes” for state license, then click “Add Information” to enter license information
STEP 23
Verify that license information entered is correct, then select “Next Topic”

STEP 24
Review instructions for disclosing Adverse Legal Actions. Answer “yes” or “no” then move on to the next topic.

STEP 25
Select “Add Information” to enter Ordering and Referring Reason
STEP 26
Select “Licensed Intern Resident or Fellow Not Employed at Any of the Above” from the dropdown menu, then select “Save”

STEP 27
Confirm information then select “Next Topic”

STEP 28
Select “Add Information”

STEP 29
Enter the name ANN BAKER as the Contact Name, then select “Next Page”
Enter Loyola’s address and the GME Department general email address (**LUHS-GME@lumc.edu**), then select “Save”.

**STEP 30**

Select “No” for supporting documents then select “Return to Topics”.

**STEP 31**

**You’re ALMOST done!**
STEP 32
Check to make sure all the topics have been completed, then select “Begin Submission”

STEP 33
Select “Electronic” signature option then select “SIGN NOW”
STEP 34
Review the terms of the Certification Statement, then select “Yes” and then “Next Page”

STEP 35
Select “National Government Services, Inc” from the dropdown menu then select “Apply”

STEP 36
Then scroll down to the bottom of the screen and select “Complete Submission”
CONGRATULATIONS ON COMPLETING YOUR ENROLLMENT!