

E-Signature Request

1. After the Medical Staff Office generates your Medicare application, an email will be sent to your email address requesting approval.

Pending Medicare E-Signature Request for Provider/Supplier: [REDACTED] (Tracking ID: XXXXXX1318)
customerservice-donotreply@cms.hhs.gov
Sent: Friday, January 23, 2015 at 2:52 PM
To: [REDACTED]

You forwarded this message on 1/23/15, 3:01 PM. Show Forward

To: [REDACTED]
Subject: Pending Medicare E-Signature Request for Provider/Supplier: AARON NEINSTEIN (Tracking ID: T012320150001318)
Sent: 01/23/2015 17:52 PM

A Medicare enrollment application for [REDACTED] has been submitted electronically by:
Submitters Name: Nicholas Wong
Submitters Phone: 415-885-7268
Submitters Email: nicholas.wong2@ucsf.edu

Enrollment Application Information:
Provider/Supplier Name: [REDACTED]
Provider/Supplier Specialty Type: ENDOCRINOLOGY
State: CA
Form Type: 8551
Practice Location: 1600 DIVISADERO ST, SAN FRANCISCO, CA 941153010
NPI: 1285074028
SSN/EIN: XXX-XX-[REDACTED]
Medicare ID: ZZZ15253Z

You have been identified as an authorized signer of one or more supporting documents for this application. CMS allows you to either provide an electronic signature or mail in a wet signature. **IMPORTANT NOTE:** Please disregard this email if you have already submitted a signature.

If you choose to provide an electronic signature, you can do so in one of two ways:

- 1) If you have a PECOS user ID:
 - a. You can log in to PECOS (<https://pecos.cms.hhs.gov>)
 - b. Locate the document to review and sign in the 'Pending Signatures' section
- 2) If you do not have a PECOS user ID:
 - a. you can sign the document at the PECOS E-Signature website(<https://pecos.cms.hhs.gov/pecos/eSignLogin.do>)
 - b. Log in using your identifying information, e-mail address, and the PIN provided in this email.
 - c. Locate the document to review and sign in the 'Pending Signatures' section

Your unique PIN is [REDACTED]
Please note the PIN is valid for 72 hours from the time the submitter completed the application. If 72 hours or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

If you wish to provide a wet signature instead of signing electronically, contact the submitter to inform them of the update to your signature method and provide a copy of the document to be signed. If this step is not completed, there may be delays in the processing of this Medicare application.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process please call PECOS External User Services (EUS) at:

1-866-484-8049/TTY: 1-866-523-4759

Medicare Provider Enrollment Support

Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed. If you are not the intended recipient, any use, distribution, printing or acting in reliance on the contents for this message is strictly prohibited. If you have received this message in error, please notify the sender and destroy all copies of the message.

2. Login to PECOS (<http://pecos.cms.hhs.gov>)

3. Locate the document under “Manage Signature” section to review and sign the application.

4. Click on “View and Sign.”

Welcome Aaron Neinstein

System Notifications

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

From	To	Details
There are no notifications at this time.		

Manage Medicare and Account Information

MY ENROLLMENTS 

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT 

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

Manage Signatures

Applications Requiring Signatures

Applicant Name: [REDACTED]
TIN (SSN): XXX-XX-XXXX
Web Tracking ID: T012320150001318
Form Type: 8551
Application Submitted: 01/23/2015
Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

VIEW AND SIGN 

VIEW ALL SIGNATURES 

5. Follow the E-Signature instructions provided.

[Home](#) > E-Sign

Review And Sign Your Certification Statement

(*) Red asterisk indicates a required field.

E-Signature Instructions

To complete your E-Signature follow the steps below:

1. [Click here if you wish to review the application](#)
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or

Certification Statement for Individual Practitioners

As an individual practitioner, you are the only one who may sign this application. The authority to sign the application on your behalf may not be delegated to any other person.

By his/her signature(s), the authorized official named below agrees to adhere to the following requirements stated in this Certification Statement:

* Do you accept the Terms and Conditions?

- Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.