

CERT Point of Contact Provider Form

CERT Contact Information
Print, Complete and Fax to:

Attention: CERT Coordinator
FAX: (701) 277-7860
Email: CERTQuestion@Noridian.com

Provider/Office Name: _____

Medicare Provider Transaction Number (PTAN): _____

Medicare Provider Number(s)/NPI: _____

Last 5 digits of the Provider Tax Identification Number (TIN): _____

CERT Provider

Contact Name: _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Compliance Officer

Print Name: _____

Signature: _____

Phone Number: _____

