<u>**Medicare Prescription Drug Card Program Only**</u>

<u>**Instructions for Completing the Request for Access to
CMS Using NDM/Connect:Direct Single Point of Entry (SPOE)**</u>

Drug Card Sponsors must complete and submit this form to CMS no later than March 19, 2004, to request a corporate CMS NDM/Connect Direct ID. This ID will be used only to transmit data to and from CMS.

1. **Organization/Company Information**

Organization:	Name of Drug Card Applicant.
Contact Name:	Individual who serves as primary contact with CMS and is authorized to sign page 2 on the Drug Card Applicant's behalf.
Company EIN:	The Company's Employer Identification Number.
Contact Phone:	Phone number for individual cited as organization/company primary contact.
Contact Email:	Email address for individual cited as organization/company primary contact.

2. **Organization/Company Technical Contact Information**

Contact Name:	Organization/Company contact who provides technical details and setup for transmittal processing. This person will be contacted with the CMS node name and assigned SPOE ID.
Contact Phone:	Phone number for individual cited as organization/company technical contact.
Contact Email:	Email address for individual cited as organization/company contact.
Company Node Name:	**Do not complete if CMS is providing Connect:Direct** The Company's NDM node name.

3. **CMS Approver Information**   **To be completed by CMS Approver**

Approver Name:	The CMS staff individual who approves this access request.
Approver Phone:	The phone number for the individual cited as CMS approver.

Completed forms are to be mailed to CMS, ATTN: Robert Sears, 7500 Security Boulevard, N1-19-18, Baltimore, MD 21244

Questions regarding this form may be sent to Rsears@cms.hhs.gov