



P.O. Box 7011 Northridge, Ca 91327-7011 \* (818) 368-5501 \* [www.signatureclaims.net](http://www.signatureclaims.net)

## Provider Sign-up Form Information

### Georgia Medicare

Go to this website

<http://www.cahabagba.com/documents/2012/02/part-b-partbediapplication.pdf>

Fill out all of the information, telling them that you are using a CLEARINGHOUSE.

Here is the Signature Claims information that you will need:  
Name: Signature Claims Phone number: (818) 368 5501

Contact: Bill Greenland Email: [bi11@signatureclaims.net](mailto:bi11@signatureclaims.net)

Address: P.O. Box 7011, Northridge, CA 91327

SUBMTTER ID: GAF02-801

Print, sign and fax ALL pages to the number listed on the form.