

Registration for Paper Copy Medicare Newsletters

In an on-going effort to reduce costs associated with printing and mailing of our paper copy newsletters, we will continue to issue limited paper copies. Paper copy newsletters will be available to our providers who cannot obtain them via our Website.

Benefits of retrieving the newsletter via our Website at <http://www.wpsmedicare.com> are:

- Search engine capability
- Downloadable
- Free
- Available 24 hours a day, 7 days a week, 365 days a year.

Our newsletters are posted to our Website by the 1st of every month. They provide billing and coverage information necessary for providers whose patients are covered under Medicare Part A.

If you do not have access to our electronic newsletters and wish to continue to receive one paper copy mailed to the standard mailing address for your facility, please complete and return the bottom portion of this form to:

WPS Medicare
Provider Outreach
PO Box 999
Marion, IL 62959

If we do not receive a completed registration form, we will discontinue sending you paper copies of our newsletters effective February 1, 2005.

To stay informed of Medicare issues as they arise, we encourage you to sign up to receive our **e-News Listserv** messages. The purpose of our e-News Listserv is to provide notification of important and time sensitive Medicare program information, upcoming education/training events, the availability of our Medicare Newsletters and Local Medical Review Policies on our Website, and other announcements or messages necessitating immediate attention.

To subscribe to our e-News Listserv, please visit our Website at <http://www.wpsmedicare.com/listserv>

Paper Copy Newsletter Registration Form

I wish to continue to receive WPS Medicare Part A Newsletters in paper copy form due to the following reason: (check one)

- Do not have Internet access
 Do not have a personal computer
 Technical barrier

Provider Number _____
Provider Name _____
Contact Name _____
Address _____ PO Box/Suite _____
City _____ State _____ Zip _____
Telephone Number _____