



**MEDICARE
PART B CARRIER**
Phone: (866) 502-9054

January 16, 2002

Esoterix Endocrinology
Esoterix Inc
P O BOX 798021
St Louis, MO 63179 8000

Provider Number: 05D0663070
Reference #: 4301 299 625 000

Dear Provider:

I am pleased to inform you that your application for enrollment in the Medicare Program is approved. Based on your enrollment application, the following information was recorded:

Provider Name: Esoterix Endocrinology
Check Payable to: Esoterix Inc
Effective Date: January 15, 2002
IRS TAX ID NUMBER: 13 3802358
Specialty: Clinical Laboratory
Practice Address: 4301 299 625 000
Pay to Address: P O BOX 798021, St Louis MO 63179 8000
Medicare Participating Status: Non Participating

Since you are listed as NON Participating provider you are qualified to change your status at this time but you must complete and return the enclosed Participating Agreement Form within 90 days from the date of this letter. We will be sending you back a copy of the agreement with our approval signature.

Note: ID# X059018 is deactivated as of 01/15/2002

We trust this information is helpful. If you require further assistance, please call our Customer Service Department at (866) 502-9054 or you may enclosed a copy of this letter with your correspondence and send to:

Medicare Certification Unit
P O BOX 60560
Los Angeles, Ca 90060-0560

Sincerely,

Gabriela Carreon, Analyst
Provider Enrollment

NHIC

National Heritage Insurance Company
1065 West 7th Street
Los Angeles, California 90017-2577
Mailing Address: P.O. Box 60660, Los Angeles, CA 90060-0560
<http://www.medicarenhic.com/>
A-CMS-CONTRACTED CARRIER