

December 31, 2001

Esoterix Inc.  
3177 South Parker Road Suite 300  
Aurora, CO 80014  
Attn: Linda Guerra

Dear Provider:

Thank you for your application to become a provider with Medicare Part B. We have assigned **Provider Identification Number (PIN) 446178** to your **Independent Laboratory** for services rendered at the above location **effective 7-24-2001**.

Please indicate the provider number (PIN) on all claims and correspondence submitted for Medicare Part B.

You have been identified as a **PARTICIPATING** provider with Medicare Part B.

Listed below is the address for mailing paper claims:

**Medicare Part B**  
**PO Box 6028**  
**Fargo, ND 58108-6028**

If you have any questions concerning your Provider Identification Number, please contact Provider Network using the number (877) **908-8431 Option 2**. If you have questions regarding billing, contact our Provider Call Center at (877) **908-8431 Option 1**. If you would like to submit your claims electronically, contact EDI Support Services at 866-849-7249. You may also visit our website <http://www.noridianmedicare.com> for additional information.

Sincerely,



Lynette Guerrero  
Provider Network

Noridian Mutual Insurance Company  
A HCFA Contracted Carrier/Intermediary

4305 • 13th Avenue South  
Fargo, ND 58103-3373