

May 01, 2026

PANGAEA LABORATORY LLC
Attn: SUE D KINCER
PO BOX 2877
RIVERVIEW, FL 33568-2877

Reference # 2598053948; Web Tracking # T032720260002644

Dear PANGAEA LABORATORY LLC,
Noridian has approved your revalidation application.

Medicare Enrollment Information

Legal Business Name (LBN)	PANGAEA LABORATORY LLC
Doing Business As (DBA)	N/A
Provider/Supplier Type	Independent Laboratory
Provider/Supplier National Provider Identifier (NPI)	1851915888
Provider Transaction Access Number (PTAN)	CB354129
PTAN Effective Date	October 11, 2019
Changed Information	<ul style="list-style-type: none">• Practice Location Information• Ownership/Managing Control (Ind)• Authorized/Delegated Official(s)

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

Enroll, make changes or view your existing enrollment information by logging into PECOS at <https://pecos.cms.hhs.gov>.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at <https://med.noridianmedicare.com/> or <https://www.cms.gov>.

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination. To facilitate the processing of your reconsideration request, please utilize and include the coversheet also found at <https://med.noridianmedicare.com/> with your submission.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
 - If the authorized representative is an attorney, the attorney's statement that the attorney has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
 - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
 - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on the reassigned provider's/supplier's behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information to be submitted.
- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

Centers for Medicare & Medicaid Services
Provider Enrollment & Oversight Group
ATTN: Division of Compliance & Appeals
7500 Security Blvd.
Mailstop: AR-19-51
Baltimore, MD 21244-1850

Or emailed to:

ProviderEnrollmentAppeals@cms.hhs.gov

For questions concerning this letter, contact Noridian JE at 855-609-9960.

We're looking for ways to improve your experience during the provider enrollment process. Please take a few minutes to share your thoughts with us.

<https://med.noridianmedicare.com/web/medicare/enrollment-letter-survey>



Sincerely,

Laurana L.
Provider Enrollment Representative
Noridian Healthcare Solutions, LLC