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From: EDISS Email Distribution [mailto:HIPAAlist@noridian.com]
Sent: Tuesday, November 11, 2008 11:50 AM
To: HIPAA E-mail List Subscriber
Subject: [hipaasubmitter] EDISS E-mail Distribution -- November 11, 2008

Registration Form Update

For All Trading Partners

To better serve our Provider Community, EDI Support Services (EDISS) has simplified our form completion process!

As stated in our October 22, 2008 Email Distribution, EDISS is removing several Exhibit A registration forms from our website and will combine them into one EDISS Registration form. The advantage of this simplification is any providers new to EDISS, or any existing providers updating their electronic transactions, are only required to complete one EDISS Registration Form rather than multiple Exhibit A's.

The new form includes:

- Options to sign up for any electronic transaction available from EDISS.
- Options to add or terminate transactions to an existing setup.

Note: The form still must be accompanied by the appropriate enrollment forms and a Software License Agreement (SLA) if PC-ACE Pro 32 will be used.

The new forms are interactive and must be completed electronically. Forms completed by hand will be rejected.

EDISS requires that the most up to date forms, posted on the website, be used to register for EDISS transactions. Outdated versions of our Exhibit A Registration forms will not be processed after December 31, 2008.



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Iowa Medicaid - payer ID CKIA1**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Number: _____
(if applicable)

Group NPI: _____
(if applicable)

Name	Number	Rendering	NPI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

I have received confirmation from EDISS that my enrollment request has been approved .

Signed: _____

Date: _____

