

PAYER ID:

SUBMITTER ID:



emdeon™

## Emdeon **Claims** Provider Information Form

\*This form is to ensure accuracy in updating the appropriate account

### 1 Provider Organization

Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	

### 2 Vendor *(Emdeon certified vendor used to submit files to Emdeon)*

Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					

### 3 Payer

Payer ID				
Group ID	Individual Provider ID	NPI ID		

### 4 Confirmations

Send Emdeon Claim Confirmations To:	
<p>Special Instructions:</p> <ul style="list-style-type: none"> <li>• All Payer Registration forms must contain original signatures, NO stamped signatures or photocopies are accepted.</li> <li>• SUBMIT COMPLETED FORM TO: Emdeon Donelson Corporate Ctr Bldg 3 3055 Lebanon Pike Ste 1000 NASHVILLE, TN 37214-2230</li> </ul>	
<p>EMDEON REVISION FORM DATE:</p>	

## Washington, D.C. ACS Provider Enrollment Form



Please return to:

ACS  
Attn: Technical Support/Enrollment  
PO Box 34734  
Washington DC 20043-4761  
Or fax to: 202-906-8399



## Washington, D.C. ACS EDI Provider Enrollment Form Instructions

If a provider is submitting to ACS EDI Gateway, Inc. and wishes to retrieve their own responses from the Internet Data Exchange (iDEx), the *Washington, D.C. ACS EDI Provider Enrollment Form* is to be completed. The provider does not need to complete the *Provider Billing Agent/Clearinghouse ACS EDI Gateway, Inc. Authorization form*.

If a provider allows a billing agents/clearinghouses to submit and retrieve on their behalf, only the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* is to be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Washington, D.C. ACS EDI Provider Enrollment Form* and the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* should be completed.

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* precedes the *Washington, D.C. ACS EDI Provider Enrollment Form* in the attached document.

### **Instructions for completing the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form***

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* must be completed in its entirety and must include the signature of the provider or the provider's representative.

#### Section A. Provider Information

Please indicate the classification of the provider. This is required.  
Your email address is optional and will be kept confidential.

#### Section B. Authorization Signature (required)

Please complete the blank lines with the appropriate information. If you are authorizing a billing agent/clearinghouse to retrieve your electronic responses, please check which responses you are authorizing for retrieval.

The provider or the provider's representative must print their name, sign their name, and date the form.

**Please use the following instructions when completing the Washington, D.C. ACS EDI Provider Enrollment Form.**

1-866-775-8563 (phone) 1-202-906-8399 (fax)  
[www.acs-gcro.com](http://www.acs-gcro.com)

## Washington, D.C. ACS Provider Enrollment Form



Please return to:

ACS  
Attn: Technical Support/Enrollment  
PO Box 34734  
Washington DC 20043-4761  
Or fax to: 202-906-8399



### Section 1. Classification.

Please indicate whether you are an individual or group provider. **This field is required.**

### Section 2. Submission Method.

Please indicate how you will be submitting your electronic transactions. **This field is required.**

### Section 3. Provider Information.

Please complete the appropriate provider information. **These fields are required.**

Your email address is optional and will be kept confidential.

### Section 4. Submitter/Trading Partner ID Number.

If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

### Section 5. Contact Information.

Please indicate specific contact and additional contact information, if different from the provider information in Section 3 above.

### Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse.

If you have indicated that you will be using Vendor Software, a Billing Agent, or a Clearinghouse, please complete section 6a.

**WINASAP2003 users do not need to complete this section.**

Sub-section 6b. Provider Using a Software Vendor.

If you have indicated that you are a provider and plan to submit transactions with vendor software, please complete the following field.

Sub-section 6c. Submitter/Trading Partner ID Number.

If your Software Vendor/Billing Agent/Clearinghouse is currently submitting electronic transactions directly to ACS EDI Gateway, please indicate their 5-digit submitter ID or 6-digit trading partner ID. You may need to contact your Software Vendor/Billing Agent/Clearinghouse for this information.

### Section 7. Transactions Available for Transmission.

If you will be using the WINASAP2003 product, please complete section 7a. If you will be submitting electronic transactions other than WINASAP2003 submissions, please complete section 7b.

**Nursing Facility Providers: Choose Transaction 837I (Institutional)**

### Sub-Section 7a. WINASAP2003 (Replacing WINASAP2000).

Request for software.

Please indicate how you would like to receive the software and which transactions you will be submitting.

1-866-775-8563 (phone) 1-202-906-8399 (fax)

[www.acs-gcro.com](http://www.acs-gcro.com)

## Washington, D.C. ACS Provider Enrollment Form



Please return to:

ACS  
Attn: Technical Support/Enrollment  
PO Box 34734  
Washington DC 20043-4761  
Or fax to: 202-906-8399



### Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003).

If you will be submitting transactions other than WINASAP2003 transactions, please complete this section. **Providers submitting through a Software Vendor, Billing Agent, or Clearinghouse must complete this section.**

### Section 8. Delimiter Information.

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used if you are not using the default. **WINASAP2003 users do not need to complete this section.**

### Section 9. Electronic Response Retrieval.

Washington, D.C. Medicaid Providers will be able to retrieve responses via the Internet Data Exchange (iDEX). If you would like to participate in this service, please indicate which responses you would like to retrieve via iDEX.

### Section 10. Additional Provider List.

If you are submitting transactions on the behalf of multiple providers, please supply the provider name and provider number of each additional provider. If you have more than twenty-five (25) providers please contact ACS EDI Enrollment for further instructions at the phone number listed below.

Washington, D.C. ACS EDI Provider Enrollment Form



Please return to:  
ACS  
Attn: Technical Support/Enrollment  
PO Box 34734  
Washington DC 20043-4761  
Or fax to: 202-906-8399



Provider ACS EDI Gateway Authorization form for Billing Agents and Clearinghouses.

Section A. Provider Information.

Please indicate your classification (required):  Individual Provider  Group Provider/Practice

Business Person

Provider Name (Last, First, MI and Suffix)

Provider Number (Required for Individuals)

Group Provider Number (Required for Groups)

Business Address

City, State, and Zip

Telephone Number

Fax Number

Contact Name

E-mail Address

Section B. Authorization Signature (required).

Provider, \_\_\_\_\_ hereby appoints

*Provider name /Provider Representative name (please print)*

EMDEON

08079

*Billing Agent/Clearinghouse name (please print)*

*Billing Agent/Clearinghouse ACS Trading Partner/Submitter ID*

to act as the authorized agent for the purpose of submitting health care transactions electronically to ACS EDI Gateway, Inc. Provider also authorizes the Billing Agent/Clearinghouse's access to the following X12N transaction responses if selected below:

- 277-Claims Status Response
- 271-Eligibility Response
- 824-Error Report
- 835-Healthcare Claims Payment Advice
- 278-Prior Authorization Response

\_\_\_\_\_  
*Provider/Provider Representative name (Please print)*

\_\_\_\_\_  
*Provider/Provider Representative Signature*

\_\_\_\_\_  
*Date*

Washington, D.C. ACS EDI Provider Enrollment Form



Please return to:  
ACS  
Attn: Technical Support/Enrollment  
PO Box 34734  
Washington DC 20043-4761  
Or fax to: 202-906-8399



ACS EDI PROVIDER ENROLLMENT FORM

Please print or type. Complete all areas of the ACS Provider Enrollment Form, unless otherwise indicated.

Section 1. Classification. Please indicate your classification.

Individual  Group

Section 2. Submission Method. Please indicate how you plan to submit your electronic transactions.

WINASAP2003  Vendor Software  Billing Agent  Clearinghouse

Section 3. Provider Information.

Business Name (If applicable)

Provider Name (Last, First, MI, and Suffix)

Business Street Address

City, State, and Zip Code

Telephone

Fax

Provider Number (Required for Individuals)

Group Provider Number (Required for Groups)

Email Address (If applicable)

Section 4. Submitter/Trading Partner ID Number.

If you are currently submitting electronic transactions directly to ACS EDI Gateway, please indicate your ACS EDI Gateway 5-digit Submitter ID or 6-digit Trading Partner ID:

Washington, D.C. ACS EDI Provider Enrollment Form



Please return to:  
ACS  
Attn: Technical Support/Enrollment  
PO Box 34734  
Washington DC 20043-4761  
Or fax to: 202-906-8399



**Section 5. Contact Information.** Please indicate contact information.

<i>Contact Person</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

**Additional Contact Information.** Please indicate additional contact information.

<i>Contact Person</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

Please attach additional sheets if necessary.

## Washington, D.C. ACS EDI Provider Enrollment Form



**Please return to:**  
**ACS**  
**Attn: Technical Support/Enrollment**  
**PO Box 34734**  
**Washington DC 20043-4761**  
**Or fax to: 202-906-8399**



### Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse.

If you have indicated that you plan to use Vendor Software, a Billing Agent, or a Clearinghouse to submit your transactions electronically to ACS EDI Gateway, please provide the following information.

**(If you plan on using WINASAP2003, you do not need to complete this section.)**

#### Sub-section 6a. Type of Service that you use.

Please indicate the type of service that you use to submit electronic transactions.

Software Vendor (SV)  
  Clearinghouse (CH)  
  Billing Agent (BA)

SV/CH/BA Name	EMDEON		
Contact Person	ENROLLMENT HELP DESK	Contact Title	
Business Address	26 CENTURY BLVD STE 601		
City, State, and Zip Code	NASHVILLE TN 37214		
Telephone Number	800-845-6592	Fax Number	615-231-4843
Email Address	PAYERREGISTRATION@EMDEON.COM		

#### Sub-section 6b. Provider Using a Software Vendor.

If you plan to use Vendor Software, please complete the following information related to your software.

Software Name:		Software Version:		Protocol:	
----------------	--	-------------------	--	-----------	--

#### Sub-section 6c. Software Vendor, Billing Agent or Clearinghouse Submitter ID or Trading Partner ID.

**Note: Your Billing Agent or Clearinghouse must be equipped with their own uniquely assigned ACS EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor, Billing Agent/Clearinghouse to confirm their status with ACS EDI.**

Please indicate your Software Vendor/Clearinghouse/Billing Agent's 5-digit Submitter ID or 6-digit Trading Partner ID:

0	8	0	7	9	
---	---	---	---	---	--

## Washington, D.C. ACS EDI Provider Enrollment Form



Please return to:  
**ACS**  
**Attn: Technical Support/Enrollment**  
**PO Box 34734**  
**Washington DC 20043-4761**  
**Or fax to: 202-906-8399**



### Section 7. Transactions Available for Transmission.

#### Sub-Section 7a. WINASAP2003 (replacing WINASAP2000 software).

##### Request for free WINASAP2003 Software:

- I will download a copy from the ACS website at [www.acs-gcro.com](http://www.acs-gcro.com)
- Please mail me a CD-ROM of the WINASAP2003 software.

<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 837D (Dental Claim)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N Nursing Facility Claim (X12N 837 I)

#### Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003.)

<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 278 (Prior Authorization)
<input type="checkbox"/> X12N 837D (Dental Claim)	<input type="checkbox"/> X12N 270 (Eligibility Inquiry)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N 276 (Claim Status Inquiry)

**Section 8. Delimiter Information.** If you are submitting X12N transactions directly to ACS EDI Gateway, please provide please provide an alternate delimiter if you are not using the default.

**(This information is not required if you are using WINASAP2003).**

<b>Element Delimiter to be used:</b> <input style="width: 60px; height: 40px; border: 2px solid black;" type="text"/>  <i>Default Delimiter (asterisk) *</i>	<b>Segment Delimiter to be used:</b> <input style="width: 60px; height: 40px; border: 2px solid black;" type="text"/>  <i>Default Delimiter (tilde) ~</i>	<b>Sub-Element Delimiter to be used:</b> <input style="width: 60px; height: 40px; border: 2px solid black;" type="text"/>  <i>Default Delimiter (colon) :</i>
--	---	---

### Section 9. Electronic Response Retrieval.

Washington, D.C. Medicaid providers can retrieve their electronic responses from the ACS EDI Gateway Internet Data Exchange (iDEX). If you would like to participate in this service, please complete the section below.

#### Responses available for X12N Transactions.

<input type="checkbox"/> X12N 997 (Functional Acknowledgement)	<input type="checkbox"/> X12N 835 (Healthcare Claim Payment/Advice)
<input type="checkbox"/> X12N 271 (Eligibility Response)	<input type="checkbox"/> X12N 277 (Claims Status Response)
<input type="checkbox"/> X12N 278 (Prior Authorization)	

