



COMPLETE ALL FIELDS. TYPE OR PRINT AND MAIL TO:

EDI Services

Attention: EDI Coordinator, 1B/L2,

P.O. Box 890011, Camp Hill, PA 17089-0011

Medicare
Part B

ELECTRONIC DATA INTERCHANGE (EDI) SETUP REQUIREMENTS

A NAME OF GROUP, PHYSICIAN, OR SUPPLIER (Must match the name on file at Medicare for the Provider Number listed in Block G.) _____

B STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

C CONTACT PERSON **D** TELEPHONE NUMBER **E** FAX NUMBER **F** INTERNET E-MAIL ADDRESS

G MEDICARE PROVIDER ID # (To Which Checks Are Issued) _____

H Please check one: (Requests will be processed as ANSI ASC X12N Version 4010.A1, the HIPAA-compliant format/version.)
 Assign this provider a new electronic billing submitter number.
 Add this provider to existing submitter number _____ and PRJ _____

I PLEASE CHECK MODEM PROTOCOL:
 HAYES/Z-Modem (MCE customers must use this option.) MNP

J COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION:
 MCE (Only check if enrolling for Medicare-issued software.)
Name of Software Vendor and phone number: _____
Vendor Street Address, City, State, and Zip _____
Name of Billing Service and phone number: _____
Street Address, City, State, and Zip _____
Name of Clearinghouse and phone number: _____
Street Address, City, State, and Zip _____

To enroll for Electronic Remittance Advice (ERA), you must complete Form 8262. To disenroll for ERA, contact an EDI Analyst.

K Read, Complete, and Sign: (Please print or type in blue or black ink)
Any provider enrolling to submit Medicare claims, electronically to CMS or its contractors remains responsible for those claims as those responsibilities are outlined on the Electronic Data Interchange Agreement Form (8275). In accepting claims submitted electronically to the Medicare Program from any billing service or through the use of a particular product which accomplishes this process, neither CMS, HGSAdministrators nor any other Medicare contractor is attesting to the appropriateness of the methods used by the billing service/clearinghouse or to the accuracy of a particular vendor's product which purportedly facilitates such electronic submissions. The provider furnishing the item or service for whom payment is claimed under the Medicare Program retains the responsibility for any claim regardless of the format in which it chooses to submit the claim.

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions contained within the Electronic Data Interchange Agreement Form (8275) and acknowledge same by signing below. An authorized official is an appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the supplier's status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the supplier to fully abide by the laws, regulations, and the program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of five percent or more of the supplier (see Section 5 of the 855 Enrollment Form for a definition of "direct owner"), or must hold a position of similar status and authority within the supplier's organization.

Name of Group, Physician, or Supplier _____

Authorized Signature _____ Date _____

Printed Name of Authorized Signature _____ Title _____

FOR OFFICE USE ONLY:
DO NOT WRITE IN THIS SPACE
EDI # _____
PA _____ SPECIALTY _____
LOGON _____
VERSION _____ TO _____

L PLEASE READ CAREFULLY AND COMPLETE, AS APPROPRIATE
If the provider number listed in Block G is associated to any other submitter number(s), Medicare will remove the other submitter number(s) before assigning a new submitter number.
If a provider is associated to a submitter number, the provider can maintain the submitter number for 45 days by including a signed, written letter requesting to keep the submitter number for 45 days. After 45 days, Medicare will remove the submitter number from the provider without notice. Multiple submitter numbers are not permitted after the initial 45-day time period.