



**ACS EDI Gateway, Inc.
Trading Partner Enrollment Form**

Please complete and return to:

Attn: EDI Enrollment Unit
ACS EDI Gateway, Inc.
2324 Killearn Center Boulevard
Tallahassee, Florida 32309
Or fax to 850.385.1705



If you are a provider and plan to have a billing agent or clearinghouse submit and receive electronic transactions on your behalf, you **DO NOT** have to fill out this form. Please contact your billing agent or clearinghouse to complete this form.

Section A. Payers	
<input type="checkbox"/> Advantage Health Solutions, Inc. – 77070 <input type="checkbox"/> Allstate Insurance Company - 77066 <input type="checkbox"/> Allstate Workplace Division <input type="checkbox"/> American Progressive Life and Health Insurance Company of NY - 77071 <input type="checkbox"/> Deerbrook Insurance Company - 77069 <input type="checkbox"/> Encompass Insurance Company - 77068 <input type="checkbox"/> Fidelis Care NY – 77073 <input type="checkbox"/> Fidelis SecureCare - 77054 <input type="checkbox"/> Freedom Health HMO - 77081	<input type="checkbox"/> Geisinger Health Plan- 77074 <input type="checkbox"/> HealthNet Oregon - 77075 <input type="checkbox"/> Network Health Plan (NHP) - 77076 <input type="checkbox"/> Pacificare/SecureHorizons Direct - 77055 <input type="checkbox"/> Pyramid Life Insurance - 77077 <input type="checkbox"/> Sun Health (Medisun) - 77078 <input type="checkbox"/> Wisconsin Partnership (WPP Eldercare) – 77080 <input type="checkbox"/> XL Health/Care Improvement Plus - 77082

Section B. Provider/Submitter Demographic Information	
What type of business are you?	
<input type="checkbox"/> Submitting Provider	<input type="checkbox"/> Software Vendor (SV)
<input type="checkbox"/> Clearinghouse (CH)	<input type="checkbox"/> Billing Agent (BA)
Business Name	
Business Address	
City, State, and Zip	
Telephone Number	Fax Number
Contact Name	Contact Phone Number
Contact Title	E-mail Address



**ACS EDI Gateway, Inc.
Trading Partner Enrollment Form**

Please complete and return to:

Attn: EDI Enrollment Unit
ACS EDI Gateway, Inc.
2324 Killearn Center Boulevard
Tallahassee, Florida 32309
Or fax to 850.385.1705

Section C. Submitting Provider, Software Vendor, Clearinghouse, or Billing Agent Trading Partner ID

Note: Submitting Providers, Software Vendors, Clearinghouses and Billing Agents are given a uniquely assigned ACS EDI Gateway Trading Partner ID to act on behalf of health care providers.

If you are already enrolled to submit other payer claims to ACS EDI Gateway, indicate your ACS 6-digit Trading Partner ID here:

□	□	□	□	□	□
---	---	---	---	---	---

Section D. Software Vendor Information

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

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

Section E. Submission Transaction Type(s)*

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

Section F Retrieval Transaction Type(s)*

Note: All 3 types of transactions listed below will be defaulted to the Trading Partner. Note that the X12 997 and 824 will be returned to all submitters who are sending electronic claims.

<input checked="" type="checkbox"/> X12 997 (Functional Acknowledgment)	<input checked="" type="checkbox"/> X12 824 Exception Report	<input type="checkbox"/> X12N 835 (Remittance Advice)
---	--	---

Section G. Submission/Retrieval Method

<input type="checkbox"/> EDI Online (Web portal)	<input type="checkbox"/> FTP (File Transfer Protocol – MoveIT DMZ)	<input type="checkbox"/> Asynchronous dial-up modem
--	--	---

Section H. Delimiter Information

Provide an alternate delimiter if you are not using one of the default values listed below.

Element Delimiter to be used: <input style="width: 50px; height: 30px;" type="text"/> Default Delimiter (asterisk) *	Segment Delimiter to be used: <input style="width: 50px; height: 30px;" type="text"/> Default Delimiter (tilde) ~	Sub-Element Delimiter to be used: <input style="width: 50px; height: 30px;" type="text"/> Default Delimiter (colon) :
---	--	--

***Not all transaction types are available for all payers.
Please check our Web site, www.acs-gcro.com
for more information on transaction availability.**

