

MARYLAND PMHS
 ACS EDI TRADING PARTNER ENROLLMENT FORM
 FOR
 PROVIDERS



A1. TRADING PARTNER TYPE <i>(Please select the type of Trading Partner you wish to become with ACS EDI Gateway, Inc.)</i>										
<input type="checkbox"/> SUBMITTER <i>(I would like to enroll to submit electronic transactions)</i> claims/eligibility <input type="checkbox"/> RETRIEVER <i>(I would like to enroll to retrieve electronic responses)</i> remits/claim status <input type="checkbox"/> BOTH										
A2. PROVIDER INFORMATION										
<i>Business/Provider Name</i>										
<i>Business Street Address</i>										
<i>City, State, Zip Code</i>										
<i>Provider Number (Required)</i>	<i>Telephone</i>	<i>Fax</i>								
<i>Email Address (If applicable)</i>										
<i>If you are currently enrolled with ACS EDI Gateway, please indicate your ACS EDI Gateway Trading Partner ID: A Trading Partner ID could range between 3-8 digits.</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									
Contact Individual										
<i>Contact Name and Title</i>										
<i>Business Street Address</i>										
<i>City, State, Zip Code</i>										
<i>Telephone</i>	<i>Fax</i>									
<i>Email Address (If applicable)</i>										
Additional Contact Individual										
<i>Contact Name and Title</i>										
<i>Business Street Address</i>										
<i>City, State, Zip Code</i>										
<i>Telephone</i>	<i>Fax</i>									
<i>Email Address (If applicable)</i>										

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FORM A

A3. SUBMISSION SOFTWARE		
<i>What software will you use to submit your electronic transactions? (Check all that apply)</i>		
<input type="checkbox"/> I will submit using the WINASAP2003 software (<i>Modem to Modem Dial-up Direct Submission to ACS EDI Gateway, Inc</i>) You may download a free copy of the WINASAP2003 software from our web site at www.acs-gcro.com		
<input type="checkbox"/> I will submit using a vendor-supplied software (<i>Please also complete Form B of this packet</i>)		
<input type="checkbox"/> I plan to develop my own software package. (<i>List your software product name, version, and protocol below</i>)		
<i>Software Product Name</i>	<i>Version</i>	<i>Protocol</i>

A4. X12N TRANSACTIONS AND RESPONSES			
<i>Please check <input checked="" type="checkbox"/> each transaction and response you plan to submit and/or retrieve.</i>			
<u>SUBMIT</u>	TRANSACTIONS	<u>RETRIEVE</u>	TRANSACTION RESPONSES
<input type="checkbox"/> Institutional Claim	X12N 837I	<input type="checkbox"/> Claim Payment/Advice	X12N 835
<input type="checkbox"/> Professional Claim	X12N 837P	<input type="checkbox"/> Error Report	X12N 824

<i>Please select a transaction response Retrieval Method</i>	
<input type="checkbox"/> BBS (ACS Bulletin Board System) <i>modem dial up</i>	<input type="checkbox"/> IDEx (ACS Internet Data Exchange)

A5. Additional Provider List	
<i>Provider Name</i>	<i>Provider ID</i>

FORM B

(Please attach additional sheet if necessary)

SOFTWARE VENDOR INFORMATION

Please return completed form to:
ACS EDI
Attn: Technical Support /Enrollment
P.O. Box 34734
Washington DC 20043-4761

Please allow 7 to 10 processing days

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**Please provide the following information concerning your software vendor.
 Failure to provide this information will lead to a delay in processing your enrollment request.**

3 Very Important Things to Remember:

- Your Software Vendor must enroll with ACS EDI Gateway, Inc.
- Your Software Vendor must receive an ACS EDI Gateway, Inc Trading Partner ID/Logon/Password.
- Your Software Vendor must test with ACS EDI Gateway, Inc.

Software Vendor Information

<i>Software Vendor Company Name</i>												
<i>Software Product Name</i>	<i>Software Version</i>	<i>Software Protocol</i>										
<i>Contact Name</i>	<i>Contact Title</i>											
<i>Business Address</i>												
<i>City, State, and Zip Code</i>												
<i>Telephone</i>	<i>Fax</i>											
<i>Email Address</i>												
<i>Please indicate your Software Vendor's ACS EDI Gateway, Inc. Trading Partner ID: Please contact your software vendor to obtain this information.</i>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;"><i>Required</i></p>											

Your Provider Name (please print): _____

Your Provider Number: _____