

# ACS EDI Gateway, Inc Pharmacy Registration Form for Washington, D.C.



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



## ACS EDI Gateway Pharmacy Registration Packet Instructions

Please use the following instructions when completing the ACS EDI Gateway Pharmacy Registration Packet.

### Pharmacy Registration Form

#### **Section 1. Classification**

Please indicate whether you are an individual pharmacy, branch pharmacy or corporate pharmacy.

**This field is required.**

- If you are an individual pharmacy, please select individual pharmacy.
- If you are a branch pharmacy of multiple locations, please select branch pharmacy.
- If you are a corporate pharmacy who is retrieving responses on behalf of the branches, please select corporate pharmacy.

**Section 2. Provider Information** Please complete the appropriate provider information. Your email address will be kept confidential. **Please complete the required fields.**

#### **Section 3. Contact Information**

Please indicate specific contact and additional contact information, if different from the provider information in Section 2 above.

- If you are an individual, branch, or corporate pharmacy this information is who should be contacted in your office regarding questions on your X12N 835 (Healthcare Claim Payment/Advice) transactions.

#### **Section 4. Electronic Response Retrieval**

Washington, D.C. Medicaid Pharmacies will retrieve X12N 835 (Healthcare Claim Payment/Advice) response via the Internet Data Exchange (iDEX). If you would like to participate in this service, please complete this section.

#### **Section 5. Additional Provider List**

If you are retrieving the X12N 835 (Healthcare Claim Payment/Advice) responses on the behalf of multiple pharmacists, please supply the pharmacist provider name and provider number of each additional pharmacist. If you have more than twenty-five (25) pharmacists, please contact ACS EDI Gateway Support Unit for further instructions at the phone number listed below.

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

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

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**Trading Partner Agreement (TPA)**

This agreement is required for electronic transactions with ACS EDI Gateway. All ACS EDI Gateway submitters must complete and return the attached Trading Partner Agreement to the address listed above.

**Provider Billing Agent / Clearinghouse ACS EDI Gateway, Inc. Authorization Form**

This form must be completed if you are:

- an individual pharmacy using a Billing Agent/Clearinghouse to retrieve your X12N 835 (Healthcare Claim Payment/Advice) transactions.
- a branch pharmacy and the corporate pharmacy will retrieve your X12N 835 (Healthcare ClaimPayment/Advice) transaction.
- a corporate pharmacy using a Billing Agent/Clearinghouse to retrieve your X12N 835 (Healthcare Claim Payment/Advice) transactions.

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