Washington, DC EDI Submitter Enrollment Form

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

Washington, DC EDI Submitter Enrollment Form Instructions

Please utilize the following instructions when completing the District of Columbia EDI Submitter Enrollment Form:

Classification
Please indicate whether you are a Software Vendor, Billing Agent, or Clearinghouse. **This field is required.**

Section 1. Submitter Information
Please complete the appropriate submitter information. **This field is required.**

Section 2. Submitter/Trading Partner ID Number
If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate you 5-digit submitter ID or 6-digit trading partner ID.

Section 3. Contact Information
Please indicate specific contact information. **This field is required.**

Section 4. Transactions
Please select the transactions you will be sending to ACS EDI Gateway.

Section 5. Delimiter Information
If you will be submitting X12N transactions directly to ACS, please indicate the delimiter to be used.

Section 6. Electronic Response and Report Retrieval
6a. Please indicate whether you will be retrieving electronic responses and reports for your clients. If you choose yes, please indicate your submitter ID or trading partner ID.

6b. Please indicate which reports and responses you will receive.

Requirements for District of Columbia Medicaid Vendor, Billing Agent, or Clearinghouse:

- **Your providers are required to re-enroll and must indicate that you are submitting on their behalf. Due to HIPAA Privacy Regulations, ACS will not be able to accept lists of providers from Vendor, Billing Agent, or Clearinghouse.**
- **Your providers will be required to supply the Trading Partner ID of their Vendor, Billing Agent, or Clearinghouse on their enrollment forms. Please be prepared to supply this information to your providers upon request.**