

Washington, D.C. ACS Provider Enrollment Form



Please return to:

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



Washington, D.C. ACS EDI Provider Enrollment Form Instructions

If a provider is submitting to ACS EDI Gateway, Inc. and wishes to retrieve their own responses from the Internet Data Exchange (iDEx), the *Washington, D.C. ACS EDI Provider Enrollment Form* is to be completed. The provider does not need to complete the *Provider Billing Agent/Clearinghouse ACS EDI Gateway, Inc. Authorization form*.

If a provider allows a billing agents/clearinghouses to submit and retrieve on their behalf, only the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* is to be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Washington, D.C. ACS EDI Provider Enrollment Form* and the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* should be completed.

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* precedes the *Washington, D.C. ACS EDI Provider Enrollment Form* in the attached document.

Instructions for completing the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form*

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* must be completed in its entirety and must include the signature of the provider or the provider's representative.

Section A. Provider Information

Please indicate the classification of the provider. This is required.
Your email address is optional and will be kept confidential.

Section B. Authorization Signature (required)

Please complete the blank lines with the appropriate information. If you are authorizing a billing agent/clearinghouse to retrieve your electronic responses, please check which responses you are authorizing for retrieval.

The provider or the provider's representative must print their name, sign their name, and date the form.

Please use the following instructions when completing the Washington, D.C. ACS EDI Provider Enrollment Form.

1-866-775-8563 (phone) 1-202-906-8399 (fax)
www.acs-gcro.com

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Section 1. Classification.

Please indicate whether you are an individual or group provider. **This field is required.**

Section 2. Submission Method.

Please indicate how you will be submitting your electronic transactions. **This field is required.**

Section 3. Provider Information.

Please complete the appropriate provider information. **These fields are required.**

Your email address is optional and will be kept confidential.

Section 4. Submitter/Trading Partner ID Number.

If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

Section 5. Contact Information.

Please indicate specific contact and additional contact information, if different from the provider information in Section 3 above.

Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse.

If you have indicated that you will be using Vendor Software, a Billing Agent, or a Clearinghouse, please complete section 6a.

WINASAP2003 users do not need to complete this section.

Sub-section 6b. Provider Using a Software Vendor.

If you have indicated that you are a provider and plan to submit transactions with vendor software, please complete the following field.

Sub-section 6c. Submitter/Trading Partner ID Number.

If your Software Vendor/Billing Agent/Clearinghouse is currently submitting electronic transactions directly to ACS EDI Gateway, please indicate their 5-digit submitter ID or 6-digit trading partner ID. You may need to contact your Software Vendor/Billing Agent/Clearinghouse for this information.

Section 7. Transactions Available for Transmission.

If you will be using the WINASAP2003 product, please complete section 7a. If you will be submitting electronic transactions other than WINASAP2003 submissions, please complete section 7b.

Nursing Facility Providers: Choose Transaction 837I (Institutional)

Sub-Section 7a. WINASAP2003 (Replacing WINASAP2000).

Request for software.

Please indicate how you would like to receive the software and which transactions you will be submitting.

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Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003).

If you will be submitting transactions other than WINASAP2003 transactions, please complete this section. **Providers submitting through a Software Vendor, Billing Agent, or Clearinghouse must complete this section.**

Section 8. Delimiter Information.

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used if you are not using the default. **WINASAP2003 users do not need to complete this section.**

Section 9. Electronic Response Retrieval.

Washington, D.C. Medicaid Providers will be able to retrieve responses via the Internet Data Exchange (iDEX). If you would like to participate in this service, please indicate which responses you would like to retrieve via iDEX.

Section 10. Additional Provider List.

If you are submitting transactions on the behalf of multiple providers, please supply the provider name and provider number of each additional provider. If you have more than twenty-five (25) providers please contact ACS EDI Enrollment for further instructions at the phone number listed below.