

# Wyoming ACS EDI Submitter Enrollment Form



Please return to:  
PO Box 667  
Cheyenne, WY 82003  
Or fax to 307.772.8405



## ACS EDI SUBMITTER ENROLLMENT FORM

Please print or type. Complete all areas of the Submitter Enrollment Form, unless otherwise indicated.

### Section 1. Classification Please indicate your classification.

Software Vendor       Billing Agent       Clearinghouse

### Section 2. Submission Method Please Indicate how you plan to submit your electronic transactions.

Asynchronous (Direct submission to ACS EDI Gateway)       WINASAP2003       Web Portal

### Section 3. Submitter Information

*Business Name (If applicable)*

*Submitter Name (Last, First, MI, and Suffix)*

*Business Street Address*

*City, State, and Zip Code*

*Telephone*

*Fax*

*Email Address*

### Section 4. Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions directly to ACS EDI Gateway, please indicate your ACS EDI Gateway 5-digit Submitter ID or 6-digit Trading Partner ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Section 5. Contact Information** Please indicate contact information.

<i>Contact Name</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

**Additional Contact Information** Please indicate additional contact information.

<i>Contact Name</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

Please attach additional sheets if necessary.

**Section 6. Software Vendors Only**

**If you have indicated that you are a Software Vendor in section 1, please provide the following information:**

Software Name:		Software Version:		Protocol:	
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**Section 7. Transactions Available for Transmission**

***Sub-Section 7a. WINASAP2003 (replacing ACE\$ software)***

**Request for free WINASAP2003 Software:**

- I will download a copy from the ACS EDI Gateway website at [www.acs-gcro.com](http://www.acs-gcro.com)  
 Please mail me a CD-ROM of the WINASAP2003 software.

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

***Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003 and Web Portal )***

<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 278 (Prior Authorization)
<input type="checkbox"/> X12N 837D (Dental Claim)	<input type="checkbox"/> X12N 270 (Eligibility Inquiry)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N 276 (Claim Status Inquiry)

***Sub-Section 7c. Standard Transactions (Batch Submissions through Web Portal)***

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

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### Section 8. Delimiter Information

If you are submitting X12N transactions directly to ACS, please provide the following information (if nothing is entered, the default will be used).

**This information is not required if you are using WINASAP2003.**

Element Delimiter to be used: <input style="width: 60px; height: 30px; border: 1px solid black;" type="text"/>  <i>Default Delimiter (asterisk) *</i>	Segment Delimiter to be used: <input style="width: 60px; height: 30px; border: 1px solid black;" type="text"/>  <i>Default Delimiter (tilde) ~</i>	Sub-Element Delimiter to be used: <input style="width: 60px; height: 30px; border: 1px solid black;" type="text"/>  <i>Default Delimiter (colon) :</i>
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### Section 9. Electronic Reports and Response Retrieval

Wyoming EqualityCare Submitter can retrieve their electronic reports and/or responses from the Internet Data Exchange (iDEX). If you would like to participate in this service, please complete the section below.

#### *Reports and/or Responses Available for X12N Transactions*

<input type="checkbox"/> X12N 997 (Functional Acknowledgement)	<input type="checkbox"/> X12N 835 (Healthcare Claim Payment/Advice)
<input type="checkbox"/> X12N 271 (Eligibility Response)	<input type="checkbox"/> 835 (Print Image)
<input type="checkbox"/> X12N 277 (Claims Status Response)	<input type="checkbox"/> X12N 824 (Error Response)
<input type="checkbox"/> X12N 278 (Prior Authorization Response)	<input type="checkbox"/> 824 (Print Image)

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**Provider ACS EDI Gateway Authorization Form for Billing Agents/Clearinghouses**

<b>Section A. Provider Information.</b>	
Please indicate your classification <b>(required)</b> : <input type="checkbox"/> Individual Provider <input type="checkbox"/> Group Provider/Practice	
<i>Business Name</i>	
<i>Provider Name (Last, First, MI and Suffix)</i>	
<i>Provider Number (Required for Individuals)</i>	<i>Group Provider Number (Required for Groups)</i>
<i>Business Address</i>	
<i>City, State, and Zip</i>	
<i>Telephone Number</i>	<i>Fax Number</i>
<i>Contact Name</i>	<i>E-mail Address</i>
<b>Section B. Responses Available</b>	
<input type="checkbox"/> X12N 997 Functional Acknowledgement	<input type="checkbox"/> X12N 271 Eligibility Response
<input type="checkbox"/> X12N 277 Claims Status Response	<input type="checkbox"/> X12N 824 Error Report
<input type="checkbox"/> X12N 278 Response	<input type="checkbox"/> X12N 835 Remittance Advice

<b>Section C. Authorization Signature <i>(required)</i></b>
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**Provider,** \_\_\_\_\_ **hereby appoints**  
*Provider name /Provider Representative name (please print)*

\_\_\_\_\_  
*Billing Agent/Clearinghouse name (please print)*

\_\_\_\_\_  
*Billing Agent/Clearinghouse ACS Trading Partner/Submitter ID*

**to act as the authorized agent for the purpose of submitting health care transactions electronically to ACS EDI Gateway, Inc. Provider also authorizes the Billing Agent/Clearinghouse's access to the following X12N transaction responses if selected above:**

\_\_\_\_\_  
*Provider/Provider Representative Name (Please print)*

\_\_\_\_\_  
*Provider/Provider Representative Signature*

\_\_\_\_\_  
*Date*