



ACS EDI Gateway, Inc. Provider Enrollment Form For WellCare, Staywell and HealthEase

Please return to:  
Attn: EDI Enrollment Unit  
ACS EDI Gateway, Inc.

2324 Killearn Center Boulevard, Tallahassee, FL 32309  
or fax to 1.850.385.1705



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

1.800.987.6720 (phone)

**Section 5. Contact Information** (Required)

**Sub-Section 5a. Primary Contact Information** Please indicate contact information.

Contact Individual Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Business Street Address \_\_\_\_\_

Address: \_\_\_\_\_

*City*

*State*

*Zip*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Sub-Section 5b. Additional Contact Information** Please indicate additional contact information.

Contact Individual Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Business Street Address \_\_\_\_\_

Address: \_\_\_\_\_

*City*

*State*

*Zip*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Section 6. Provider Using a Software Vendor**

*If you have indicated that you plan to use the services of a software vendor to submit your transactions electronically to ACS EDI Gateway, please provide the following information. (WINASAP2003 users do not complete this section)*

**Sub-section 6a. Software Vendor Contact Information**

Software Vendor Business Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Software Product Name: \_\_\_\_\_ Software Version: \_\_\_\_\_ Software Protocol: \_\_\_\_\_

**Sub-section 6b. Submitter ID or Trading Partner ID Number**

*Note: Your Software Vendor must be equipped with their own uniquely assigned ACS EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your software vendor, to confirm their status with ACS EDI Gateway.*

Please indicate your software vendor's 5-digit Submitter ID or 6-digit

Trading Partner ID: \_\_\_\_\_

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**Section 7. Methods and Transactions**

**Sub-Section 7a. WINASAP2003 (replacing WINASAP2000)**

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.

**Sub Section 7b. Standard Transactions**

X12N 837P (WINASAP2003)

X12N 837P (other than WINASAP2003)

**Sub-Section 7c. Electronic Response Retrieval**

Providers can retrieve their electronic responses from ACS EDI Gateway Internet Data Exchange (iDEX). If you would like to participate in this service, please select the responses available for X12 transactions below.

X12 997 (Functional Acknowledgement)

X12N 835 (Healthcare Claim Payment Advice)

**Section 8. Delimiter Information**

For X12N transactions submitted directly to ACS EDI Gateway, please provide an alternate delimiter. If left blank, the default delimiter will be used. WINASAP2003 users do not complete this section.

Element Delimiter to be used:

Segment Delimiter to be used:

Sub-Element Delimiter to be used:

Default Delimiter (asterisk) \*

Default Delimiter (tilde) ~

Default Delimiter (colon) :

