



ACS Electronic Claims Submission

West Virginia Workers' Compensation Enrollment Form

Date: _____

Submitter Information: Individual Provider Clearinghouse Billing Agent

If you are currently submitting to ACS, what is your 9-digit Logon ID number: _____

Submitter Name: _____

Address: _____ City-State/Zip: _____

Telephone #: _____ Fax #: _____

Contact Name: _____ e-mail address: _____

WVWC submitter ID #: _____ Tax ID#: _____

Software Vendor/Billing Agent/Clearinghouse Name: _____

Please check the appropriate Format and Claim type (s).

(Note: You **must** have a dial-up connection in order to transmit claims electronically to ACS.)

Formats

Claim Types

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Please mail me the ASAP-AP software | <input type="checkbox"/> HCFA-1500 |
| <input type="checkbox"/> I will download the ASAP-AP software from WWW.ACS-GCRO.COM . | <input type="checkbox"/> UB-92 |
| <input type="checkbox"/> NSF | |
| <input type="checkbox"/> UB | |

NOTE: If you are using a Billing Agent or Clearinghouse, please contact them to begin submitting once you have faxed/mailed these forms in. No approval from this office is necessary.

Please return completed form via Mail or fax to: **(850) 385-1705**

(Incomplete forms will cause a delay in processing and is subject to be return).

**ACS EDI Enrollment Dept.
2324 Killearn Center Blvd.
Tallahassee, FL. 32309**