



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 6/30/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: Value Options	SENDER'S FAX NUMBER: 602-439-0808

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

Value Options

Included in this fax are the forms you need to complete in order to enroll in EDI. To obtain additional copies of the forms, please refer to the download link(s) provided in the Enrollment Instructions page.

Comments:



Value Options

Enrollment Instructions

Thank you for your interest in Electronic Data Interchange (EDI).

Required Documents

The following documents are **required** enrollment documents that must be completed, signed and returned to the Value Options office prior to initiation of electronic claims submission or inquiry.

1. Online Provider Services Account Request Form
2. Intermediary Authorization Form (For Billing Services ONLY)

To obtain the forms above, please download them from:

<http://www.valueoptions.com/providers/Adminforms.htm#>

If you have any questions regarding any of the documents in this package, please phone the Value Options EDI Technology Support Center at (888) 247-9311.

Required Information

We recommend that you have the following information ready before filling out your forms:

Your Submitter Information	Software Vendor Information
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – n/a
• E-mail Address (if any)	• Phone – 602-439-2525
• Contact Name (if other than name above)	• Fax – 602-439-0808
• Provider PIN numbers for this payer	• Address – PO Box 86609 Phoenix, AZ 85080
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Filling out your forms

Online Provider Services Account Request Form

- Please enter your Business or Provider name
- Enter your Value Options Provider Number and NPI #
- Enter your TAX ID
- Complete your demographic and contact information
- Please select “Electronic Batch Claims Submission”
- If you are using a Billing Service, please select “Yes” and complete the Billing Intermediary Authorization Form”.
- Please select the type of claims you will be submitting.
- Enter your E-mail address
- Please complete the signature section.

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Fax the completed forms to :

1-866-698-6032

It is very important that you complete and return the entire enrollment packet as described above. ***Incomplete packets will not be processed and will be returned to the submitter.***

Waiting for a response

Once the complete provider enrollment packet has been received, the documents will be processed. Processing will take approximately two weeks from the date of receipt

After processing, a confirmation will be faxed to you as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after two weeks, contact the Technology Support Center toll-free at (888) 247-9311 .

Testing

Once you have received your Submitter ID and password from Value Options, please call the Ivertex Support Team and set an appointment for a Mailbox setup and Test Transmission to Value Options.

Please have 25 test claims ready for testing. Test files should consist of a variety of claims that represent the type of claims you will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient procedure, diagnosis, and provider information.