



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: 3/9/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: DMERC Region A, B, C & D: NGS	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:

DMERC Region A, B, C & D: NGS

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:

You must use Internet Explorer to complete NGS's ONLINE FORM in order to obtain a Submitter ID.



DMERC Region A, B, C & D

Enrollment Instructions

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

The instruction below is for “Providers” using SolAce in their office.

If you are a Billing Service, complete the CEDI Submitter Action Request Form to apply for a Billing Service Submitter ID, then complete the CEDI Supplier Authorization Form at <http://apps.ngsmedicare.com/applications/CEDISupplierAuthForm.aspx> to link the Suppliers that you are billing for to your Billing Service Submitter ID.

- Please go to <http://www.ngscedi.com/forms/formsindex.htm>
- Click on CMS EDI Enrollment Form
 - Complete the parameters on the form
 - Complete your demographic & contact information
 - Select “New Submitter” and leave the Submitter ID and Name box blank.
 - For Submitter Type, Choose either Self Biller or Billing Service
 - Enter your DME Supplier number and your NPI
 - Check the box to accept the agreement and complete the signature box
 - Click “Submit” and Fax your form to NGS EDI at 315-442-4299
- Please return to <http://www.ngscedi.com/forms/formsindex.htm>
- Click on Supplier Submitter Action Request Form
 - Section 1
 - Complete your demographic & contact information
 - Select “Add New Submitter ID”
 - Enter your DME Supplier number and NPI number
 - New applicants may leave the “Submitter ID” box blank or type in NA
 - Section 2
 - Select PC-Ace or “Other” and enter your billing software vendor’s information
 - If you use the SolAce EMC billing software please enter Ivertex’s SoftwareVendor Information provided on the table below
 - Choose No on the clearinghouse/third party service question
 - Choose No on the vendor question
 - Section 3
 - Network Service Vendor please choose ClaimShuttle
 - Section 4
 - Check the boxes for Healthcare Claim 837 and Health Care Claim Payment/Advice 835. You may also choose 276/277.
 - Enter your DME Supplier number also known as your NSC number & your NPI number
 - Enter your name and title
 - Click Submit

If you have any questions regarding any of the documents in this package, please phone the NGS EDI Technology Support Center at 1-866-311-9184.

Required Information

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

Your Submitter Information	Software Vendor Information
<ul style="list-style-type: none">• Name	<ul style="list-style-type: none">• Vendor Name – Ivertex
<ul style="list-style-type: none">• Address	<ul style="list-style-type: none">• Contact – EDI Team
<ul style="list-style-type: none">• Phone and Fax Numbers	<ul style="list-style-type: none">• Vendor Code – n/a
<ul style="list-style-type: none">• E-mail Address (if any)	<ul style="list-style-type: none">• Phone – 602-439-2525
<ul style="list-style-type: none">• Contact Name (if other than name above)	<ul style="list-style-type: none">• Fax – 602-439-0808
<ul style="list-style-type: none">• Provider PIN numbers for this payer	<ul style="list-style-type: none">• Address – PO Box 86609 Phoenix, AZ 85080
<ul style="list-style-type: none">• Organization or Group PINs for this payer	<ul style="list-style-type: none">• Software Name– SolAce EMC
	<ul style="list-style-type: none">• E-mail – Support@Ivertex.com

Waiting for a response

Once the complete provider enrollment form 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 sent 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 1-866-311-9184.

Submitting

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