



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: 6/25/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: FL Medicare: First Coast	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:

FL Medicare: First Coast

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:



FL Medicare: First Coast

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 First Coast office prior to initiation of electronic claims submission or inquiry.

1. EDI Enrollment Form with Instructions
2. Electronic Data Request (EDR) Form

To obtain the forms above, please download them from:
<http://www.floridamedicare.com/EDI/Forms/index.asp>

If you have any questions regarding any of the documents in this package, please phone the First Coast EDI Technology Support Center at 1-904-791-8767, option 2.

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 – V0094
<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

Filling out your forms

EDI Enrollment Form

Please complete Section C of this form

- Enter your Business/Practice name or Provider name
- Organization and Group Practices may leave the “Title” line blank
- Complete your Address information
- Enter the name of the person completing the form in the “By” line. Also print their name, title, and enter today’s date.
- New applicants may leave the “Sender Number” blank
- Please enter the name and number for the main contact person for your office
- If you are using a Billing Service please mark the Billing Service box and enter the Billing Service name.
- Select the type of claims you will be submitting and fill in your NPI and Tax ID

Electronic Data Request Form

Section A: Request Type

- Please choose Add Electronic Remittance Advice...

Section B: Sender Information

- New applicants may leave the Sender Number blank
- Please fill in your Business/Practice or Provider name and Address
- Please fill in the name of the contact person for your office and their phone & fax numbers as well as their e-mail address.

Section C: Vendor Information

- Please fill in the Software Vendor information provided above
- For Contact position write in: Support

Section D: Delimiters

- For Element enter: *
- For Sub-element enter: :
- For Segment enter: ~

Section E: Signature/Medicare Provider Number

- If you are a Group Practice or Organization fill in your Practice/Org name and Medicare B PIN #
- If you are a Solo Provider fill in your Provider Name and Medicare B PIN #
- Fill in your NPI and Tax ID or SSN

Submitting your forms

It is recommended that you keep a copy of all the forms you will be submitting for your records. Mail the enrollment forms reflecting **original** signatures to:

Medicare EDI
PO Box 44071 – 14T
Jacksonville, FL 32231-4071

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. (Remember that mailing time can take as much as five days.)

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 at 1-904-791-8767, option 2.

Testing

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

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.