



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: 1/21/2010	SENDER'S PHONE NUMBER: 602-439-2525
RE: IL EICBO	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:

IL EICBO

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:

Special Enrollment Notes:

Submitters must be the billing provider. Billing services may not enroll themselves as submitters.

Solo providers = Billing providers

Group Practices = Billing provider (*Rendering providers can not be submitters)



IL EICBO

Enrollment Instructions

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

NOTE: BEFORE YOU COMPLETE THIS FORM, MAKE SURE YOU HAVE PURCHASED THE SOLACE SOFTWARE FROM IVERTEX OR SPOKEN TO SOMEONE FROM THE IVERTEX SALES DEPARTMENT @ 602-439-2525.

To enroll for a Submitter ID with EICBO so that you may use your SolAce Hosted account to transmit your claims please complete the following information:

- Name/Business Name: _____
- Primary Contact Name: _____
- Phone Number: _____
- Email Address: _____
- TAX ID #: _____

Please return this form by fax or email to:
Ivertex Internet Solutions
Fax: 602-439-0808
Email: Support@ivertex.com
Attn: EICBO Enrollment Support

Support Email: thwang@cquestamerica.org