



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 19
DATE: 3/22/2011	SENDER'S PHONE NUMBER: 602-439-2525
RE: RR Medicare: Palmetto GBA via Availity	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:

RR Medicare: Palmetto GBA via Availity

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:



RR Medicare: Palmetto GBA via Availity

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 Palmetto GBA office prior to initiation of electronic claims submission or inquiry.

1. EDI Application Form
2. Medicare Electronic Data Interchange Enrollment Agreement
3. Provider Authorization Form

To obtain the forms above, please download them from:

[http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_Pack.pdf/\\$File/EDI_Enroll_RR_Pack.pdf](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_RR_Pack.pdf/$File/EDI_Enroll_RR_Pack.pdf)

If you have any questions regarding any of the documents in this package, please phone the Palmetto GBA EDI Technology Support Center at 1-866-749-4301.

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

Filling out your forms

Railroad Medicare EDI Information Application

- In the Header please select the following:
 - Add New EDI Provider(s)
 - To Receive EOBs electronically, also check “Apply for New Receiver ID” (you will have to check this after you PRINT the form)

- In the section that follows please enter the following:
 - Date: Today’s date
 - Leave Submitter ID and ERN Receiver ID blank (for new applicants)
 - Submitter Name: Availity Clearinghouse
 - Owner name: Enter YOUR name (business or provider)
 - Type of Submitter: Clearinghouse
 - Contact Person: A contact person from YOUR office
 - Phone, Fax, Address and Email: Please fill in with your information

- Skip: Claim Submission Mode of Communication, Report/Electronic Remittance Mode of Communication, Request Response Forman, Data Compression, Name of Software Vendor and Vendor ID.
- Provider For Whom Submitter Will Be Transmitting:
 - Please complete with your information
 - Enrollment Attached: Yes
 - Choose: Submit Claims, Receive Electronic Remittances (for electronic EOBs) and Receive Reports

Medicare Electronic Data Interchange Enrollment Agreement

Please fill in the following section in this form:

Providers

1. Please complete Section C of this form with your information

Railroad Medicare Provider Authorization Form

- Select: Electronic Claims Submissions, Electronic Remittance (for electronic EOBs) and Electronic Response Reports
- Provider for whom Submitter will be granted access: Complete this section with your information.
- Submitter Name: Availity Clearinghouse
- Sign and Date

Please skip the Railroad Medicare EDI Software Order Form

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:

Palmetto GBA
EDI Operations
PO Box 10066
Augusta, GA 30999-0001

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 toll-free at 1-866-749-4301.

Once you receive confirmation you can now start sending your claims via your Availity Mailbox in SolAce by choosing Payer ID 00882 for all of your Railroad claims