



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: 5/7/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: SC Medicare Part B: Palmetto GBA	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:

SC Medicare Part B: Palmetto GBA

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:



SC Medicare Part B: Palmetto GBA

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. SC Part B EDI Enrollment Forms

To obtain the forms above, please download them from:

<http://www.palmettogba.com/palmetto/providers.nsf/44197232fa85168985257196006939dd/85256d580043e754852566500045ff2c?OpenDocument>

(Please copy and paste the link above to your Internet browser’s address bar and press Enter)

- Click on “View Attachments” and select the appropriate .pdf file in the window that opens.
- Download “SC B EDI Enroll Pack 060508.pdf”
- You will only need to print the following forms from the document you download:
 - EDI Systems Submitter ID Application From (Page 8)
 - Medicare EDI Enrollment Agreement (Page 10-12)
 - Addendum to Electronic Remittance Enrollment Form for Billing Services (For Billing Services ONLY, page 25)

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
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – 1146SE
• 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

Submitter ID Application Form

Section A: Submitter Information

- Please select “ New Request”
- Enter your Business/Practice or Provider Name
- Type of Submitter:
 - If you will be directly sending your claims to Medicare using SolAce, select “Provider”
 - If you are a Billing Service sending claims for provider’s select, “Billing Service”
- Enter your address, the name of the contact person for your office, and your contact numbers
- New applicants may leave the Submitter ID blank
- Please enter the Software Vendor information provided above. Vendor Security ID is 1146SE.
- Please leave the GPNet section blank
- For the ANSI 835 format, please select “yes”
- For mode please select “Async”
- Please leave the Data Compression section blank.
- Please enter the Medicare PIN #'s and Provider names for the providers who will be submitting electronic claims.

EDI Enrollment Agreement

Each provider submitting electronic claims must fill out Section C of this form.

Addendum To Electronic Remittance Enrollment Form For Billing Services and Clearinghouses

Billing Services must have each of their providers sign and submit this 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
Medicare Part B EDI, AG-420
PO Box 100145
Columbia SC 29202-3145

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 Palmetto GBA EDI Technology Support Center at 1-866-749-4301.

Testing

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

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.