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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 5/9/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: Virgin Islands Medicare Part B: Triple-S	SENDER'S FAX NUMBER: 602-439-0808

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

## Virgin Islands Medicare Part B: Triple-S

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:



**Virgin Islands Medicare Part B: Triple-S**

**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 Triple-S office prior to initiation of electronic claims submission or inquiry.

1. Electronic Data Interchange (EDI)
2. BBS Access Form

To obtain the forms above, please download them from:

[http://www.triples-med.org/webmedicare/facturacion/facturacion\\_electronica/formularios.htm](http://www.triples-med.org/webmedicare/facturacion/facturacion_electronica/formularios.htm)

If you have any questions regarding any of the documents in this package, please phone the Triple-S EDI Technology Support Center at 1-787-749-4949 Ext.2381.

***Required Information***

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

<b>Your Submitter Information</b>	<b>Software Vendor Information</b>
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – N/A
• 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***

#### **Electronic Data Interchange (EDI)**

Please complete section C of this form with your Business/Practice or Provider information.

#### **EMC Control Sheet**

- Enter your Provider Id (Medicare PIN)
- New applicants may leave the Billing ID blank
- Enter your Provider Name and the Phone number for your office
- For Type of Billing Software please enter: SolAce EMC and check "US"
- Sign and Date the Signature section

#### **BBS Access Form**

- Enter your Provider Id (Medicare PIN)
- New applicants may leave the Billing ID blank
- Enter your Provider Name and the Phone number for your office
- Sign and Date the Signature section

### ***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:

TRIPLE S INC.  
MEDICARE DIVISION  
EMC SECTION  
PO BOX 71391  
SAN JUAN, PR 00936-1391

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 Triple-S EDI Technology Support Center at 1-787-749-4949 Ext.2381.

### ***Testing***

Once you have received your Submitter ID and password from Triple-S, 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.