



# Electronic Data Interchange (EDI) Third Party Enrollment



Complete the form, sign, date, and send to EDI. This option is for Billing Services, Clearinghouses or Vendors. Providers should not complete this form. Providers should complete the [EDI Enrollment Form \(8292\)](#).

**All fields marked with \* are required and must be completed or the request will be rejected.**

| *Third-Party Information            |                            | R5-25           |
|-------------------------------------|----------------------------|-----------------|
| *Legal business name:               | *Nine-digit Tax ID or EIN: |                 |
| *Street address:                    | *City:                     |                 |
| *State:                             | *Zip Code:                 |                 |
| *Website Address:                   | Fax Number:                |                 |
| *Third-Party Contact Information    |                            |                 |
| *Technical Contact Name/Department: | *Telephone:                | *Email Address: |
| *Marketing Contact:                 | *Telephone:                | *Email Address: |

**Note:** A fax may be sent to the Technical Contact's email address when the form is processed unless the form is for a vendor or ERA change only. The email address of the Technical Contact may be added to the EDI electronic mailing list to receive important email publications from First Coast Service Options EDI. The Technical Contact email may be used for enrollment processing responses for any forms needing returned. The company name, marketing contact phone number, and marketing contact email address will be used for publication on the Approved Vendor List on the First Coast Service Options website.

\*Add to the approved vendor list on EDI's website:      Yes      No

*If nothing is selected, you will be added to the list.*

| Type of Request                                                                                                                                                       |                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Please choose your request type. Click only one:<br><i>If only requesting to send dental claims (837D transactions), complete the dental claims block on page 2.</i> |                                                                                                                                                                                                                                         |
|                                                                                                                                                                       | I am a software Vendor. Please assign a submitter ID for testing purposes only.                                                                                                                                                         |
|                                                                                                                                                                       | I am a      Billing Service <i>(default if nothing is selected)</i> Clearinghouse that will be submitting claims directly<br>Name of <a href="#">Network Service Vendor</a> (NSV):<br>Name of <a href="#">Billing Software Vendor</a> : |
|                                                                                                                                                                       | I am currently using submitter ID:<br>Other feature change or contract only - indicate in Features/Contracts section<br>Vendor change only. Name of electronic billing software vendor:                                                 |
|                                                                                                                                                                       | Assign a new ERA Receiver ID only for <i>(select only one)</i> :      Billing Service      Clearinghouse                                                                                                                                |

## Features/Contracts

**\*What features/contracts do you support? Click all that apply:**

|  |                                                                                                                                                                          |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Create ANSI ASC X12N 837 claim files <i>Unless otherwise requested, one ID for 837 and 835 will be assigned</i>                                                          |
|  | Retrieve ANSI ASC X12N 835 remittance files.                                                                                                                             |
|  | Create ANSI ASC X12N 270 beneficiary eligibility files and receive ANSI ASC X12N 271 beneficiary eligibility files. (This feature is supported by <a href="#">CMS</a> ). |
|  | Create ANSI ASC X12N 276 claim status files and receive ANSI ASC X12N 277 claim status files.                                                                            |
|  | Provide services to the following contracts - check only those that currently apply or you would like to add:<br>Part A: FL PR USVI Part B: FL PR USVI                   |

New EDI submitters must connect to First Coast Service Options within 90 days of receiving the logon ID by using the Secure File Transfer Protocol (SFTP) software provided by your [Network Service Vendor](#).

## Dental Claims

Optional: Only complete this block if you are requesting 837D dental claim transactions

|                                                                                                                                                                                           |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>*Both vendor fields below are required for all 837D requests.</b><br>Name of <a href="#">Network Service Vendor</a> (NSV):<br>Name of <a href="#">Dental Billing Software Vendor</a> : |                                                                                     |
|                                                                                                                                                                                           | Assign this third party a new/separate electronic submitter ID for 837D claim files |
|                                                                                                                                                                                           | Add 837D to existing direct Submitter ID:                                           |
|                                                                                                                                                                                           | Assign 837D to the new Submitter ID being requested with this form                  |

## PC-ACE

**\*Required: Select one PC-ACE enrollment option**

Yes, enroll for PC-ACE

No, do not enroll for PC-ACE

I already have PC-ACE

**PC-ACE Enrollment is only needed if your office will be using the PC-ACE software to create claim files.**

**When selecting to enroll, you are agreeing to the software terms listed below.**

- First Coast Service Options is authorized to distribute PC-ACE/PRINTLINK/ETRA (herein referred to as the "Program") to authorized users. PC-ACE and PRINTLINK software programs are copyrights of ABILITY. The Program is distributed for the purpose of creating electronic Medicare claim files only. Any use not authorized herein is strictly prohibited, including but not limited to, making copies of any part of the Program, reselling, or transferring copies to any party, or creating any modified or derivative work.
- The Program is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to the implied warranties of merchantability or fitness for particular purpose.
- In no event will First Coast Service Options be liable for any loss or damage, including but not limited to incidental or consequential damages, arising out of the use or inability to use the Program even if First Coast Service Options has been advised of the possibility of such damages, or for any claim by any other party.
- The authorized user will upgrade this Program within 90 days of upgrade availability. This is a CMS requirement.
- The authorized user will provide the necessary office space, all electrical and telephone connections, hardware, telecommunication software and equipment that adhere to the technical requirements located on our [website](#).
- Internet download is the preferred method of software installation. Internet download instructions will be provided upon processing of this enrollment. There is no fee for software installation via Internet download. If you choose to receive the program in a CD-ROM format, contact Medicare EDI at 888-670-0940. Do not send payment with this request.

**Note:** Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document. This document shall become effective when signed by the third party agent. The responsibilities and obligations contained in this document will remain in effect as long as electronic data interchange is being conducted with an A/B MAC, DME MAC or CEDI. Either party may terminate this arrangement by giving the other party (30) days notice of its intent to terminate. In the event that the notice is mailed, written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

**Signature:** The signatory hereto represents and warrants that he/she is duly authorized to sign, execute, and deliver this Agreement on behalf of the party it represents for the Medicare Program and to commit the provider to abide by the laws, regulations and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with First Coast on my behalf.

### \*Required Signature

|                                       |                                |
|---------------------------------------|--------------------------------|
| *Authorized Official Signature:       | *Date (mm/dd/yyyy):            |
| *Name of Authorized Official (Print): | *Title of Authorized Official: |

Once you complete the form and sign it, fax or mail a printed version of the form to First Coast Service Options' help desk using the information below.

**Allow two weeks for processing. Please do not send duplicate forms.**

**Email:** MedicareEDI@fcso.com

**Fax:** (904) 361-0470

**Mail:** First Coast Medicare EDI,

P.O. Box 3703

Mechanicsburg, PA 17055-1861

### SPOT

The Secure Provider Online Tool (SPOT) is a free web-based application that provides access to an abundance of Medicare data and lets users view the status of claims and the benefits/eligibility data of beneficiaries. Users can also easily look up a Medicare Beneficiary Identifier (MBI), retrieve documentation, and electronically submit forms. Finally, users can search payment history data and request data reports, and new SPOT features are always being added. For additional information, visit <https://medicare.fcso.com/spot>.