J15 HHH Communications Application *for Testing*

Date

Owner of Submitter ID Number (indicate to whom the SUBMITTER ID NUMBER is assigned, if not selected the Submitter ID will be assigned to the Providers PTAN)

☐ Testing Entity Name
☐ Provider

PROVIDER INFORMATION (please complete all lines below):

Provider Name

Contact Person

Address

City, State, Zip

Phone Number **Fax Number**

E-mail

PTAN **NPI**

TESTING ENTITY INFORMATION (please complete all lines below):

Testing Entity Name

Name of Software

Contact Person

Address

City, State, Zip

Phone Number **Fax Number**

E-mail

- An EDI Enrollment form is required if the provider has never been setup for electronic filing.
- Once you have received your submitter ID number password and completed testing, you may send an EDI application to set provider up for Electronic remits (ERN/ERA).

FAX completed form (for faster service) to:

1.615.664.5947 - Home Health & Hospice

Or mail completed form to:

J15 - HHH Correspondence
CGS Administrators, LLC
PO Box 20014
Nashville, TN 37202

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