

# INTERNET EDI APPLICATION FORM

Line of Business Information:      Kentucky Part A      Ohio Part A      HHH      Kentucky Part B      Ohio Part B

Part Action Requested:      Apply for New Internet EDI ID      Add Providers to Internet EDI ID  
Change/Update Internet EDI ID Information      Delete Internet EDI ID

Internet EDI ID (if available): \_\_\_\_\_ Date: \_\_\_\_\_

Submitter ID (if available): \_\_\_\_\_

Receiver ID (if available): \_\_\_\_\_

Internet EDI ID Holder's Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Type of Internet ID Holder:      Software Vendor      Billing Service      Provider      Clearinghouse

EDI Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Internet EDI ID Holder's Email Address: \_\_\_\_\_

## Providers for Whom Internet EDI ID Holder Will Be Communicating Electronically:

Provider Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Provider Email Address: \_\_\_\_\_

Provider Number: \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Claim Status Request (ANSI 276)/Receive Claim Status Response (ANSI 277)  
Receive Electronic Remittances (ANSI 835)

I hereby authorize the above named Internet EDI ID Holder to transmit and receive the items selected above on my behalf. I understand that these items may contain payment information and PHI concerning my Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that it is my responsibility to notify CGS EDI in writing if I wish to revoke this authorization. I acknowledge that if receiving Electronic Remittances CGS's public Internet is selected above, all other access to retrieving Electronic Remittances for the provider number noted above will be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Submit completed forms via fax to:

- 1.615.664.5945 - Ohio Part A
- 1.615.664.5927 - Ohio Part B
- 1.615.664.5947 - Home Health and Hospice
- 1.615.664.5943 - Kentucky Part A
- 1.615.664.5917 - Kentucky Part B



**Notes:** Please retain a copy for your records