



Department of Labor-OWCP  
**ELECTRONIC DATA INTERCHANGE  
 TRADING PARTNER ENROLLMENT FORM**



**A. SUBMITTER / VENDOR INFORMATION**

PLEASE INDICATE YOUR CLASSIFICATION:

Software Vend     Switch Vend     Provider     Clearinghouse     Billing Agent

<b>A1.</b>	Submitter/ Vendor/Provider Name:			
	Address:			
	City, State, Zip:			
	Telephone #:		FAX #:	
	Provider Number:		EIN:	
	Group Provider Number:		EMAIL ADDRESS:	
	Provider Specialty:			

<b>A2.</b>	If you are currently submitting electronic claims directly to ACS EDI for a different plan, please indicate your 5-digit submitter ID: (six-digits for DOL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>A3.</b>	Please indicate contact information, if different from Submitter/Vendor/Provider Information in Section A1:		
Contact Name:		Contact Title:	
Contact Business Address:			
City, State, Zip:			
Phone Number		Fax Number:	
E-Mail Address:			

<b>A4.</b>	If you have indicated that you are a Software Vendor in section A1, please provide the following information:				
Software Name:		Software Version:		Protocol:	
Do you currently have clients submitting to ACS EDI ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>A5.</b>	If you are a submitter and plan to use the services of a Software Vendor, Billing Agent, or Clearinghouse to submit your claims electronically to ACS EDI, please indicate the following information:				
What type of service will you use? <input type="checkbox"/> Software Vendor (SV) <input type="checkbox"/> Billing Agent (BA) <input type="checkbox"/> Clearinghouse (CH)					
SV/CH/ BA Name:			Contact name:		
Address:			Phone Number:		
City:		State:		Zip:	
				Fax Number:	
<b>Note:</b> Your Billing Agent or Clearinghouse must be equipped with their own uniquely assigned ACS EDI Submitter ID or Trading Partner ID to submit claims on your behalf. Please contact your Billing Agent/Clearinghouse to confirm their status with ACS EDI. Software Vendors must complete submitter testing and be issued a Trading Partner ID.					
Please indicate your Clearinghouse or Billing Agent's 5 digit Submitter ID or Trading Partner ID (6 digits for DOL):					<input type="text"/>
If you plan to use the services of a Software Vendor please indicate your vendor's Trading Partner ID (6 digits for DOL):					<input type="text"/>



**B. SUBMISSION METHOD**

**B1. Please check the appropriate Submitter, Format and Transaction type(s) below:**

Submitter Type		Format Type		Transaction Type		Submission Method	
<input type="checkbox"/>	I will submit claims via Vendor's Software.	<input type="checkbox"/>	Proprietary	<input type="checkbox"/>	Professional	<input type="checkbox"/>	ASYNC
<input type="checkbox"/>	My Clearinghouse will submit to ACS on my behalf.	<input type="checkbox"/>	X-12N 837	<input type="checkbox"/>	Dental	<input type="checkbox"/>	Web
<input type="checkbox"/>	My Billing Agent will submit to ACS on my behalf.	<input type="checkbox"/>	X-12N 835	<input type="checkbox"/>	Institutional	<input type="checkbox"/>	NDM
<input type="checkbox"/>	I am a Clearinghouse submitting on behalf of my clients.			<input type="checkbox"/>	NSF3.1		
<input type="checkbox"/>	I am a Billing Agent submitting on behalf of my clients.			<input type="checkbox"/>	UB92 5.0		
<input type="checkbox"/>	I am a Software Vendor providing services to my clients.						
<input type="checkbox"/>	I am a Switch Vendor providing services to my clients.						

**B2. If you are submitting X12N transactions, please provide the following:**

Element Delimiter to be used:	<input type="text"/>	Segment Delimiter to be used:	<input type="text"/>	Sub-Element Delimiter to be used:	<input type="text"/>
If you do not indicate Delimiter information, your submitter profile will default to the following:					
Element Delimiter:	<input type="text" value="*"/> (asterisk)	Segment Delimiter:	<input type="text" value="~"/> (tilde)	Sub-Element Delimiter:	<input type="text" value=":"/> (colon)

**C. ELECTRONIC REPORT RETRIEVAL**

Are you interested in retrieving your transaction reports electronically?  Yes  No

If yes, you will retrieve reports electronically via the following method:

- DEx Mailbox** (ACS EDI Gateway Mailbox System) Please check box to accept this method  
 If you have chosen to use ACS' DEx Mailbox, please finalize your request below.

Who will retrieve your reports electronically?
<input type="checkbox"/> I will retrieve my reports.
<input type="checkbox"/> My Billing Agent will retrieve reports on my behalf. My Billing Agent's Trading Partner or Submitter ID is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> My Clearinghouse will retrieve reports on my behalf. My Clearinghouse's Trading Partner or Submitter ID is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> My agent and I will retrieve my reports. My Billing Agent's/Clearinghouse's Trading Partner or Submitter ID is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Which reports would you like to access electronically?
<input type="checkbox"/> 997- Functional Acknowledgement
<input type="checkbox"/> 835- Healthcare Claim Payment Advice