

EDI APPLICATION FORM INSTRUCTIONS

The purpose of the **Railroad Medicare EDI Application Form** is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of electronic claims data. **It is important that instructions are followed and that all required information for the services you are requesting is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

Please retain a copy of this completed form for your records. You must submit a completed EDI Application Form when submitting additional EDI forms.

Providers are not permitted to share their personal EDI access number (Submitter ID) or their password to:

- Any billing agent, clearinghouse/network service vendor
- To anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature, therefore the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

The field descriptions listed below will aid in completing the form properly.

Form Field Name	Instructions for Field Completion
Action Requested: Add New EDI Provider(s) Change/Update Delete Apply for New Submitter ID	Indicate the action to be taken on the application form. <ul style="list-style-type: none"> • If you need to add additional providers to an existing Submitter ID, check Add New EDI Provider(s). • If you request to change/ update information about the Submitter, check Change/Update Submitter Information and be sure to include your current Submitter ID. • If you request to delete a provider(s), check Delete and be sure to include your submitter ID. • If you are a new applicant, check Apply for New Submitter ID. • If you are a new applicant, check Apply for New Receiver ID.
Date	Enter today's date.
Submitter ID	The submitter ID is used by the submitter to communicate with Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For changes or additions, enter the Submitter ID to which the change/additions should be applied.
ERN Receiver ID	The ERN Receiver ID is used to download electronic remittances. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For changes or additions, enter the ERN Receiver ID to which the change/additions should be applied.
Submitter Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Owner Name	Enter the name of the individual(s) who owns the entity listed above.
Type of Submitter	Check the appropriate box.
Contact Person	The name of the submitter's primary EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.

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Form Field Name	Instructions for Field Completion
Fax	The Fax number of the Contact Person listed.
Address	The mailing address of the submitter.
City, State, ZIP	The city, state, and ZIP code of the submitter.
Email Address	The Contact Person's email address. Note: This will be the primary method of communication. This email address will also receive EDI Tracking Numbers used to monitor the processing status of your EDI forms.
Request Response Format	Check the format in which you will receive GPNet Claim Acceptance Responses.
Data Compression	To receive files compressed for faster transmission, indicate which data compression utility you support.
Name of Software Vendor	Indicate the name of the software vendor you are using, if applicable.
Vendor ID	Enter the Vendor ID assigned by Railroad Medicare, if applicable.
Name of Network Service Vendor	Indicate the name of the network service vendor you are using, if applicable.
Provider For Whom Submitter Will Be Transmitting	
Provider Name	List the provider whose bills will be submitted by the submitter named above.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email Address	Indicate the email address for the provider listed above. This email address will be the primary source of communications regarding approval of changes to their EDI options.
Railroad Medicare Provider Number	List the provider whose bills will be submitted by the submitter named above.
NPI	Include the National Provider Identifier (NPI).
Enrollment Attached?	Indicate "Y" for Yes or "N" for No. A properly executed 3-page EDI Enrollment Agreement must be attached for the provider listed. Palmetto GBA will not activate a submitter ID for any provider without a properly executed EDI Enrollment Agreement.
Provider Authorization Form Attached?	Indicate "Y" for Yes or "N" for No. A provider authorization form is required to authorize a clearinghouse and/or billing service as an electronic submitter.
Submit Claims	Check this box if the application is for the submitter to submit claims electronically for this provider.
Receive Electronic Remittances	Check this box if the submitter wishes to receive Electronic Remittances for the provider indicated. If this box is unchecked, the provider will be mailed hardcopy remittances.
Receive Reports:	Check this box if the submitter wants to receive response reports electronically for the provider indicated.

Once you have completed the application form, **please retain a copy for your records** and mail the original to the address listed below. Your Submitter ID and software (if applicable) will be mailed within 15 business days of receipt of completed forms.

Completed forms must be faxed or emailed to:

Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

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**Railroad Medicare
Electronic Data Interchange Application**

Action Requested: Add New EDI Provider(s) Change/Update Submitter Information
 Apply for New Submitter ID Apply for New Receiver ID Delete

Date: _____

Submitter ID: _____ ERN Receiver ID: _____

Submitter Name: _____

Owner Name: _____

Type of Submitter: Software Vendor Billing Service Provider Clearinghouse

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address*: _____

**Note: Email will be the primary method of communication.*

Request Response Format:	<input type="checkbox"/> File	<input type="checkbox"/> Report
Data Compression:	<input type="checkbox"/> PKZIP	<input type="checkbox"/> UNIX-Compress

Name of Software Vendor: _____

Vendor ID (if applicable): _____

Name of Network Service Vendor _____

Provider For Whom Submitter Will Be Transmitting:

Provider Name: _____ Tax ID: _____

Provider Email Address: _____

Railroad Medicare Provider Number: _____ NPI: _____

Enrollment Attached? Yes No Provider Authorization Form Attached? Yes No

Submit Claims Receive Electronic Remittances Receive Reports

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Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

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