



**Wisconsin Physicians Service (WPS) Authorization Form for Electronic Remittance Advice Processing (ERA)**

This form is intended to establish Electronic Remittance Advice (ERA) enrollment. The implementation process cannot begin until this questionnaire is completed. **If the form is received as not legible or not completed correctly, it will be returned to the provider for correction.** If you are a direct submitter, you must be assigned a submitter ID in order to receive the ERA. If you have not registered for a submitter ID, please access the WPS Trading Partner System (WTPS) at the following website: <https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>. If you are not a direct submitter, the clearinghouse/third-party company/billing service submitter number should be used. Please return this form to the EDI Department, for the applicable line of business, as listed at the bottom of this form.  
**\*\*\*This request could take up to fourteen business days to complete.\*\*\***

**Part A providers need to select if this request is for a new submitter or if they want to add providers to their current submitter.**  
New Submitter: [ ]                      Add Providers: [ ]

**Check all lines of business that apply:**

Part A J5 [ ]    Part B J5 [ ]    Part A J8 [ ]    Part B J8 [ ]    Part A Legacy [ ]    Part B Legacy [ ]

**Please identify the company that will be retrieving the Electronic Remittance Advices ERA) in this section:**

Provider/Physician: [ ]    Corporate Office: [ ]    Third Party Company/Clearinghouse: [X ]

Provider Name: \_\_\_\_\_

Provider Street Address: \_\_\_\_\_  
(If the provider will be retrieving the ERAs, then they need to include the address that the services are rendered)

Provider City/ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Printed Name)

Contact Phone #: \_\_\_\_\_    Contact Fax #: \_\_\_\_\_  
(Please incl. ext #)

Contact Email Address: \_\_\_\_\_

WPS Submitter ID: 98120  
***(Please use only the WPS issued submitter ID that will be retrieving the ERAs)***

**Provider Identification Numbers:**

Multiple providers may be listed on this form if they are at the same location. To retrieve ERA for additional providers at different locations, please complete a separate authorization form for each additional provider number.

<b>Provider/Group Name</b>	<b>Provider/Group PTAN Number</b>	<b>Provider/Group NPI Number</b>

**\* (Authorized signature of provider is one who is authorized to sign other legal documents on behalf of the provider; (signatures from the billing service or clearinghouse are not accepted).**

I, \_\_\_\_\_ of \_\_\_\_\_ would like to  
(Provider Signature) (Provider Name)

receive ERAs effective, \_\_\_\_\_. (All providers MUST include an effective date for this request)  
(Date)

By checking this box, you are authorizing a Third Party Company/Clearinghouse to Retrieve ERA files on your behalf.

**Please supply the complete name and address of the Third Party Company/Clearinghouse.**

Name:  Lindsay Technical Consultants, Inc.  Address:  42496 Lindsay Drive   
City:  North Mankato  State:  MN  Zip:  56003  Fax #:  507-947-3077   
Contact:  Gary Lindsay  Contact Phone #:  507-947-3070   
(Printed Name) (Please include extension #)  
Contact Email Address:  info@lindtech.com

**Translation Software:** If you are a direct submitter, you will need translation and printing software in order to view and print the Electronic Remittance Advice. MREP software, for part B providers, and PCPrint software for part A providers, is available to download from our website at the following address under MREP and PCPrint Software:

<http://www.wpsic.com/edi/tools.shtml>

**Please mail or fax this completed agreement to:**

**Medicare Part A & B J5 MAC(IA, KS, MO, NE)**  
**Medicare Part A & B J8 MAC(IN & MI)**  
WPS Medicare EDI  
1717 West Broadway  
Madison, WI. 53713  
Fax: (608) 223-3824  
Phone: (866) 503-9670

**Medicare Part A Legacy**  
(Multiple States)  
WPS Medicare EDI  
PO Box 1602  
Omaha, NE 68101  
Fax: (402) 995-0606  
Phone: (866) 734-6656

**Medicare Part B**  
(IL, MN, WI)  
WPS Medicare EDI  
912 N Pentecost Drive  
Marion, IL 62959  
Fax: (618) 998-5170  
Phone: (877) 567-7261