



**Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE**



PLEASE INDICATE YOUR CLASSIFICATION:

Software Vend Switch Vend Provider Clearinghouse Billing Agent

A1. Please indication classification information.			
Submitter/Vendor/Provider Name:			
Address:			
City, State, Zip:			
Telephone #:		FAX #:	
Provider Number:		EIN:	
Group Provider Number:		EMAIL ADDRESS:	
Provider Specialty:			
A2. Please indicate contact information, if different from Submitter/Vendor/Provider Information in Section A1.			
Contact Name and Title:			
Business Address:			
City, State, Zip:			
Phone Number:		Fax Number:	
Email Address:			
A3. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A4. Electronic Submission Method			
Submitter Type:	<input type="checkbox"/> Vendor Software	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Billing Agent
Format Type:	<input type="checkbox"/> Proprietary	<input type="checkbox"/> X12N	
Transaction Type:	<input type="checkbox"/> Professional	<input type="checkbox"/> Dental	<input type="checkbox"/> Institutional <input type="checkbox"/> HCFA <input type="checkbox"/> UB
Submission Method:	<input type="checkbox"/> WEB	<input type="checkbox"/> NDM	<input type="checkbox"/> ASYNC
A5. Electronic Report Retrieval			
Are you interested in retrieving your transaction electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who will retrieve your reports? <input type="checkbox"/> You <input type="checkbox"/> Billing Agent <input type="checkbox"/> Clearinghouse			
Which reports would you like to access electronically? <input type="checkbox"/> Functional Acknowledgement (997) <input type="checkbox"/> Healthcare Claim Payment Advice (835)			

Please return complete forms via Mail or FAX to: (850) 201-1718
ACS ENROLLMENT DEPARTMENT PO Box 14600, Tallahassee FL. 32317-4600

(Incomplete forms will cause a delay in processing and are subject to return).