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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 5/7/2007	SENDER'S PHONE NUMBER: 602-439-2525
RE: AL Medicaid	SENDER'S FAX NUMBER: 602-439-0808

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URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

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NOTES/COMMENTS:

The following pages contain important information in regards to your EDI Enrollment for:

## AL Medicaid

Included in this fax are the instructions you need to follow in order to enroll in EDI.

Comments:
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## AL Medicaid

### **Enrollment Instructions**

Thank you for your interest in Electronic Data Interchange (EDI).

#### ***Enrollment Process***

To enroll in Alabama Medicaid's Electronic Data Interchange system please call the Ivertex support team at 602-439-2525.

We will contact Alabama Medicaid for you and sign you up for a Trading Partner ID, User ID and Password so that you may send your claims electronically via SolAce.

#### ***Testing***

Once you have received your Submitter ID and password from AL Medicaid we will set an appointment with you for a Mailbox setup and Test Transmission to AL Medicaid.

Please have 25 test claims ready for testing. Test files should consist of a variety of claims that represent the type of claims you will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient procedure, diagnosis, and provider information.