



FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Ivertex Enrollment Team
COMPANY:	E-MAIL ADDRESS: ENROLLMENT@SOLACE-EMC.COM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
DATE: 6/25/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: Colorado Access	SENDER'S FAX NUMBER: 602-439-0808

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

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

Colorado Access

Included in this fax are the instructions you need to follow to complete your enrollment for the payers EDI system. To obtain additional copies of the forms, please refer to the download link(s) provided in the Enrollment Instructions page.

Comments:



Colorado Access

Enrollment Instructions

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

- To enroll for a submitter ID with Beacon Strategies please contact their EDI Operations Team at 720-744-5185 and ask to speak to Ann Brunner. Let her know you are interested in applying for a submitter ID so that you may send your electronic claims directly to them.
- Let her know of the following:
 - You will be direct submitter
 - You need them to send you the Electronic Transaction Enrollment Form
 - When filling out this form remember the following:
 - You are NOT using a Clearinghouse
 - You are either sending 837 Professional and/or Institutional Claims
 - You are able to receive electronic 835 files (Remittance Advice)
 - Let them know your billing software is called SolAce by Ivertex and that we are already approved as one of their software vendors.

Required Information

We recommend that you have the following information ready before filling out your forms:

Your Submitter Information	Software Vendor Information
• Name	• Vendor Name – Ivertex
• Address	• Contact – EDI Team
• Phone and Fax Numbers	• Vendor Code – n/a
• E-mail Address (if any)	• Phone – 602-439-2525
• Contact Name (if other than name above)	• Fax – 602-439-0808
• Provider PIN numbers for this payer	• Address – PO Box 86609 Phoenix, AZ 85080
• Organization or Group PINs for this payer	• Software Name– SolAce EMC
	• E-mail – Support@Ivertex.com

Testing

Once you have received your Submitter ID and password from Colorado Access, please call the Ivertex Support Team and set an appointment for a Mailbox setup and Test Transmission. Please have 20 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.