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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: 6/30/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: Independent Health	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:

## Independent Health

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:



**Independent Health**

**Enrollment Instructions**

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

- To enroll for a submitter ID with Guildnet please contact their EDI Operations Team at 716-635-3911. Let them know you are interested in applying for a submitter ID so that you may send your electronic claims directly to them.
  - Let them know your billing software is called SolAce by Ivertex and that we are already approved as one of their software vendors.
  - Ask them if they can send you the Electronic Claims Sender Request Form and Internet Information Delivery Agreement.
  - You may also email them at [e-commerce@independenthealth.com](mailto:e-commerce@independenthealth.com)

***Required Information***

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

<b>Your Submitter Information</b>	<b>Software Vendor Information</b>
• 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 – <a href="mailto:Support@Ivertex.com">Support@Ivertex.com</a>

***Testing***

Once you have received your Submitter ID and password from Independent Health, 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.