



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: 6/26/2008	SENDER'S PHONE NUMBER: 602-439-2525
RE: Paramount Healthcare	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:

Paramount Healthcare

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:



Paramount Healthcare

Enrollment Instructions

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

- To enroll for a submitter ID with Paramount Healthcare please contact their EDI Operations Team at 419-887-2532 and 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 of the following:
 - You would like to use the Paramount SSH (Secure Shell Server) Connection
 - Let them know your billing software is called SolAce EMC by Ivertex and that we are already approved as one of their software vendors.
 - You may also email them at phcecsupport@promedica.org

NOTE: Paramount only accepts claim transactions that are submitted on normal Paramount business days, starting at 12:01am on Monday morning, through Friday at 2:45pm. They will not be accepting claim transactions on weekends and Paramount holidays.

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 Paramount, 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.