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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: 2/1/2010	SENDER'S PHONE NUMBER: 602-439-2525
RE: Department of Labor: ACS	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:

## Department of Labor: ACS

Included in this fax are the forms you need to complete in order to enroll in EDI. To obtain additional copies of the forms, please refer to the download link(s) provided in the Enrollment Instructions page.

Comments:
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**Department of Labor: ACS**

**Enrollment Instructions**

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

***Enrollment Instruction***

Please go to <http://www.acs-gcro.com/docs/dol-home.php?menuItem=default>

- Click EDI Enrollment on the left side
- Click the link for “Provider Enrollment”
- For new applicants, enter your email address and click Create.
- Follow the prompts on the screen until you complete your application

If you have any questions regarding any of the documents in this package, please phone the ACS EDI Technology Support Center at 1.850.558.1818

***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 – 104713
• 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

***Waiting for a response***

After processing, a confirmation will be faxed to you as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after two weeks, contact the Technology Support Center toll-free at 1.850.558.1818.

***Testing***

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

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.