



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: 11/11/2009	SENDER'S PHONE NUMBER: 602-439-2525
RE: WPS Medicare: J5	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:

WPS Medicare: J5

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:



WPS Medicare: J5

Enrollment Instructions

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

Please go to the following link to complete WPS' online Registration Form
<https://corp-ws.wpsic.com/apps/wtps-web/unauth/RegistrationLoadAction.do>

- Enter your Business or Provider Name in the Submitter Name field
- Enter your Demographic & Contact Information
- For To and From Transmission Method, select WGBBS
- Check of the following boxes:
 - Receive Acknowledgement
 - Receive Remittance
- For Vendor Name enter: SolAce by Ivertex
- Click Save

Your WPS Account User Name will be created by you to be used for future access to WPS. Make sure you write it down and keep it somewhere safe. Once registration is complete, you will receive your WPS Submitter Number to be used in your EDI files (Sender ID). You will also receive, via e-mail, your password for WPS.

When you receive your password, you must return to WPS to complete your set-up by selecting the lines of business you wish to trade with, as well as the transactions for each of those lines of business. Please contact your Ivertex Support Team for assistance in completing this step.

You must also complete the 3-page Medicare **Enrollment Form** downloadable from:
http://www.wpsic.com/edi/get_started.shtml

- When filling out this form please remember to select EMC for type of submission
- If you are using SolAce to submit your claims directly to WPS please do not check the box to authorize any Third Party Submitters. This is only for providers who are using Billing Services.

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

Waiting for a response

After processing, a confirmation will be sent 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 1-800-782-2680.

Testing

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

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.