

CGS EDI APPLICATION

Date:

Line of Business/Payor ID: KY Part A 15101 KY Part B 15102 OH Part A 15201 OH Part B 15202 HHH 15004

Action Requested: Add Provider(s) Change/Update Submitter Information Delete Apply for New Submitter ID

Input Submitter ID # (if applicable): 837 (for submitting claims) 835 (to receive ERA)
Note: If submitter ID number for 835 field is left blank it will automatically default to the 837 submitter ID number requested unless you are currently setup for ERA/ERN. If requesting myCGS for ERA's, please enter myCGS in the 835 field.

Name of Submitter ID:

Type of Submitter: Software Vendor Billing Service Provider Clearinghouse

EDI Contact Person:

Phone: Fax:

Address:

City: State: Zip:

Submitter E-mail Address (Note: E-mail will be the primary method of communication.):

Name of Software Vendor: Name of Network Service Vendor (NSV):

Providers for Whom Submitter Will Be Transmitting:

Group Practice/Provider Name:

Provider Contact Name:

Provider Telephone #:

Provider Address:

Group Provider Number: Group NPI: TIN/EIN number:

FAX completed form (for faster service) to: <ul style="list-style-type: none"> ▪ 1.615.664.5945 - Ohio Part A ▪ 1.615.664.5943 - Kentucky Part A ▪ 1.615.664.5947 - Home Health & Hospice ▪ 1.615.664.5927 - Ohio Part B ▪ 1.615.664.5917 - Kentucky Part B 	Or mail completed form to: J15 - Part B Correspondence CGS PO Box 20018 Nashville, TN 37202
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I hereby authorize the above submitter to receive the items notated above on my behalf. I understand that this document binds me to electronic remittance also unless a waiver has been granted through EDI from CMS for SPR in accordance with publication reference IOM 100-4 chapter 22 section 40.1 In addition, I understand that these items contain payment information concerning my processed Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that it is my responsibility to notify CGS EDI in writing if I wish to revoke this authorization.

Authorized Signature (Must be signed by Provider)