

Part A/Part B/HHH EDI Enrollment (Agreement) Form Instructions

The EDI Enrollment Form (commonly referred to as the EDI Agreement) should be submitted when enrolling for electronic billing. It should be reviewed and signed **only** by the providers to ensure each provider is knowledgeable of the enrollment request and the associated requirements.

Providers are obligated to notify Medicare by letter of:

- Any changes in their billing agent or clearinghouse.
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse.
- If the provider wants to begin to use additional types of EDI transactions.
- Other changes that might impact their use of EDI.

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software, the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Form does not expire if the person who signed the form for a provider is no longer employed by the provider.

General Instructions

- Please ensure that you include your **Medicare Provider Number (PTAN)** and **National Provider Identifier (NPI)** where requested on the EDI Enrollment Form.
- If the submitter will be submitting for multiple providers, this form must be completed by *each* provider whose claim data will be submitted.
- If a provider is a member of a group, only one agreement per group is required.
- The entire form must be read carefully, dated with day, month and year.
- The name of the provider must be printed in the space provided, an authorized officer's name (printed), authorized officer's title and signature.
- When completed, the properly executed **2-page EDI Enrollment Form** must be returned *with* the **EDI Application** form.
- Fax **or** email completed forms to:

Jurisdiction J Part A (AL, GA, TN)	Jurisdiction J Part B (AL, GA, TN)
803-870-0163 EDIENROLL.PARTA@PalmettoGBA.com	803-870-0164 EDIENROLL.PARTB@PalmettoGBA.com
Jurisdiction M Part A (SC, NC) & HHH	Jurisdiction M Part B (SC, NC, VA, WV)
803-699-2429 EDIPartA.ENROLL@PalmettoGBA.com	803-699-2430 EDIPartB.ENROLL@PalmettoGBA.com

Note: If the submitter will be an entity other than the provider, the submitter must complete the EDI Application form and the provider must sign the EDI Application and complete the EDI Enrollment Form. The EDI Application form must be returned with the EDI Enrollment Agreement Form for each provider unless requesting eServices access only.

IMPORTANT NOTE

The provider address shown on the EDI Enrollment Form must match the address that was submitted to our Provider Enrollment Department when enrolling for a provider number. If the address on the completed EDI Enrollment Form does not match, your EDI Enrollment Form will be rejected.

EDI Enrollment Agreement Form Instructions

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