

Conduent EDI Gateway, Inc. Pharmacy Registration Form for Washington, DC



Please return to:
Conduent
Technical Support/Enrollment
PO Box 34734
Washington DC 20043-4761
Fax to: (202) 906-8399



Conduent EDI Gateway Pharmacy Registration Packet Instructions

Please use the following instructions when completing the Conduent EDI Gateway Pharmacy Registration Packet.

Pharmacy Registration Form

Section 1. Classification

Please indicate whether you are an individual pharmacy, branch pharmacy or corporate pharmacy.

This field is required.

- If you are an individual pharmacy, please select individual pharmacy.
- If you are a branch pharmacy of multiple locations, please select branch pharmacy.
- If you are a corporate pharmacy who is retrieving responses on behalf of the branches, please select corporate pharmacy.

Section 2. Provider Information Please complete the appropriate provider information. Your email address will be kept confidential. **Please complete the required fields.**

Section 3. Contact Information

Please indicate specific contact and additional contact information, if different from the provider information in Section 2 above.

- If you are an individual, branch, or corporate pharmacy this information is who should be contacted in your office regarding questions on your X12N 835 (Healthcare Claim Payment/Advice) transactions.

Section 4. Electronic Response Retrieval

Washington, DC Medicaid Pharmacies will retrieve X12N 835 (Healthcare Claim Payment/Advice) response via the Internet Data Exchange (iDEX). If you would like to participate in this service, please complete this section.

Section 5. Additional Provider List

If you are retrieving the X12N 835 (Healthcare Claim Payment/Advice) responses on the behalf of multiple pharmacists, please supply the pharmacist provider name and provider number of each additional pharmacist. If you have more than twenty-five (25) pharmacists, please contact Conduent EDI Gateway Support Unit for further instructions at the phone number listed below.

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Trading Partner Agreement (TPA)

This agreement is required for electronic transactions with Gateway. All Gateway submitters must complete and return the attached Trading Partner Agreement to the address listed above.

Provider Billing Agent / Clearinghouse Gateway, Inc. Authorization Form

This form must be completed if you are:

- an individual pharmacy using a Billing Agent/Clearinghouse to retrieve your X12N 835 (Healthcare Claim Payment/Advice) transactions.
- a branch pharmacy and the corporate pharmacy will retrieve your X12N 835 (Healthcare Claim Payment/Advice) transaction.
- a corporate pharmacy using a Billing Agent/Clearinghouse to retrieve your X12N 835 (Healthcare Claim Payment/Advice) transactions.

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Please print or type. Complete all areas of the Pharmacy Registration Form, unless otherwise indicated.

Section 1. Classification. Please indicate your classification.
<input type="checkbox"/> Individual Pharmacy <input type="checkbox"/> Branch Pharmacy <input type="checkbox"/> Corporate Pharmacy

Section 2. Provider Information.	
<i>Business Name (If applicable)</i>	
<i>Provider Name (Last, First, MI, and Suffix)</i>	
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Provider Number (Required for Individuals)</i>	<i>Group Provider Number (Required for Groups)</i>
<i>Email Address (If applicable)</i>	

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Section 3. Contact Information. Please indicate contact information.

<i>Contact Person</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

Additional Contact Information. Please indicate additional contact information.

<i>Contact Person</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

Section 4. Electronic Response Retrieval.

Washington, DC Medicaid Pharmacies can retrieve their electronic responses from the Conduent EDI Gateway Internet Data Exchange (iDEX). If you would like to participate in this service, please complete the section below.

Responses available for X12N Transactions.

<input type="checkbox"/> X12N 835 (Healthcare Claim Payment/Advice)	
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Please attach additional sheets if necessary.

Table with 2 columns: Provider Name, Provider ID. Section 5. Pharmacy List.

Please attach additional sheets if necessary