



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



### Conduent EDI Provider Enrollment Form

Please print or type. Complete all areas of the Conduent Provider Enrollment Form, unless otherwise indicated.

<b>Section 1. Classification.</b> Please indicate your classification.
<input type="checkbox"/> Individual <input type="checkbox"/> Group

<b>Section 2. Submission Method.</b> Please indicate how you plan to submit your electronic transactions.
<input type="checkbox"/> WINASAP5010 <input type="checkbox"/> Vendor Software <input type="checkbox"/> Billing Agent Clearinghouse

<b>Section 3. Provider Information.</b>	
<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>	

<b>Section 4. Submitter/Trading Partner ID Number.</b>	
If you are currently submitting electronic transactions directly to Conduent EDI Gateway, please indicate your Conduent EDI Gateway 5-digit Submitter ID or 6-digit Trading Partner ID:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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



<b>Section 5. Contact Information.</b> 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>	
<b>Additional Contact Information.</b> 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>	

Please attach additional sheets if necessary



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



**Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse.** If you have indicated that you plan to use Vendor Software, a Billing Agent, or a Clearinghouse to submit your transactions electronically to Conduent EDI Gateway, please provide the following information. **(If you plan on using WINASAP5010, you do not need to complete this section.)**

**Sub-section 6a. Type of Service that you use.** Please indicate the type of service that you use to submit electronic transactions.

Software Vendor (SV)    Clearinghouse (CH)    Billing Agent (BA)

SV/CH/BA Name			
Contact Person		Contact Title	
Business Address			
City, State, and Zip Code			
Telephone Number		Fax Number	
Email Address			

**Sub-section 6b. Provider Using a Software Vendor.** If you plan to use Vendor Software, please complete the following information related to your software.

Software Name:		Software Version:		Protocol:	
----------------	--	-------------------	--	-----------	--

**Sub-section 6c. Software Vendor, Billing Agent or Clearinghouse Submitter ID or Trading Partner ID.**

**Note: Your Billing Agent or Clearinghouse must be equipped with their own uniquely assigned Conduent EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor, Billing Agent/Clearinghouse to confirm their status with Conduent EDI.**

Please indicate your Software Vendor/Clearinghouse/Billing Agent's 5-digit Submitter ID or 6-digit Trading Partner ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	---



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



<b>Section 7. Transactions Available for Transmission.</b>	
<b>Sub-Section 7a. WINASAP5010 (replacing WINASAP2003 software).</b>	
<b>Request for free WINASAP5010 Software:</b>	
<input type="checkbox"/> I will download a copy from the Conduent website at <a href="http://www.acs-gcro.com">www.acs-gcro.com</a> .	
<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 837D (Dental Claim)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N Nursing Facility Claim (X12N 837I)
<b>Sub-Section 7b. Standard Transactions (Submissions other than WINASAP5010.)</b>	
<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 278 (Prior Authorization)
<input type="checkbox"/> X12N 837D (Dental Claim)	<input type="checkbox"/> X12N 270 (Eligibility Inquiry)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N 276 (Claim Status Inquiry)

<b>Section 8. Delimiter Information.</b> If you are submitting X12N transactions directly to Conduent EDI Gateway, please provide please provide an alternate delimiter if you are not using the default. <b>(This information is not required if you are using WINASAP5010).</b>					
Element Delimiter to be used:	<input type="text"/>	Segment Delimiter to be used:	<input type="text"/>	Element Delimiter to be used:	<input type="text"/>
Default Delimiter (asterisk) *		Default Delimiter (tilde) ~		Default Delimiter (colon) :	

<b>Section 9. Electronic Response Retrieval.</b>			
Washington, DC Medicaid providers 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.			
<b>Responses available for X12N Transactions.</b>			
<input type="checkbox"/>	X12N 277CA (Claim Acknowledgement)	<input type="checkbox"/>	X12N 999 (Functional Acknowledgement)
<input type="checkbox"/>	X12N 271 (Eligibility Response)	<input type="checkbox"/>	X12N 835 (Healthcare Claim Payment/Advice)
<input type="checkbox"/>	X12N 277 (Claims Status Response)	<input type="checkbox"/>	X12N 278 (Prior Authorization)

