

PROVIDER AUTHORIZATION FORM INSTRUCTIONS

The purpose of the form is to authorize a clearinghouse and/or billing service as an electronic submitter and recipient of electronic claims data. It is important that instructions are followed and that all required information is completed. This form is to be completed and signed by the provider. Forms completed and signed by a vendor, billing service or clearinghouse for a provider will not be processed. Incomplete forms will be returned to the applicant, thus delaying processing.

Please retain a copy of this completed form for your records.

You must submit a completed EDI Application Form when submitting this form. The Provider Authorization form must be completed and signed by the Provider.

The field descriptions listed below will aid in completing the notice properly.

Form Field Name	Instructions for Field Completion
Action Requested	Indicate the type of service(s) you are authorizing the Submitter to access. Check all that apply.
Provider Name	List the provider name for which this Provider Authorization Form is being completed. This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email Address	The email address of the provider to receive EDI notifications.
Railroad Medicare Provider Number (PTAN)	List the provider number (PTAN) whose Medicare claims, electronic remittances or response reports will be accessed by the submitter listed on the EDI Application.
NPI	Indicate the National Provider Identifier (NPI).
Name/Title	The name and title of the person Palmetto GBA will contact if there are questions regarding this Authorization Form.
Address	The mailing and/or the physical address of the provider. (Only one valid address has to be submitted.)
City, State, ZIP	The city, state and ZIP code of the provider.
Phone Number	The area code and phone number of the Contact Person listed.
Submitter's Name	The name of the Submitter you are authorizing for the above services.
Signature	The signature of the listed provider's authorized contact.
Date	The date the form was signed.

Provider Authorization Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

**Railroad Medicare
Provider Authorization Form****This form must be completed and signed by the Provider ONLY.**

Action Requested: ☐ Electronic Claims Submissions ☐ Electronic Remittance
☐ Electronic Response Reports

Provider for whom Submitter will be granted access:

Provider Name: _____

Tax ID: _____

Provider Email Address: _____

Railroad Medicare
Provider Number (PTAN): _____ NPI: _____

Name: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Submitter Name: _____

I hereby authorize the above submitter to receive the items notated above on my behalf. 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 is my responsibility to notify Palmetto GBA EDI in writing if I wish to revoke this authorization.

Signature: _____ Date: _____

Please complete, sign and submit this form via fax or email, with the EDI Application Form, to:

Fax: **803**-382-2416

Email: RREDI.ENROLL@PalmettoGBA.com

Provider Authorization Form

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EDI APPLICATION FORM INSTRUCTIONS

The purpose of the **Railroad Medicare EDI Application Form** is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of electronic claims data. **It is important that instructions are followed and that all required information for the services you are requesting is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

Please retain a copy of this completed form for your records. You must submit a completed EDI Application Form when submitting additional EDI forms.

Providers are not permitted to share their personal EDI access number (Submitter ID) or their password to:

- Any billing agent, clearinghouse/network service vendor
- To anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature, therefore the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

The field descriptions listed below will aid in completing the form properly.

Form Field Name	Instructions for Field Completion
Action Requested: Add New EDI Provider(s) Change/Update Delete Apply for New Submitter ID	Indicate the action to be taken on the application form. <ul style="list-style-type: none"> • If you need to add additional providers to an existing Submitter ID, check Add New EDI Provider(s). • If you request to change/ update information about the Submitter, check Change/Update Submitter Information and be sure to include your current Submitter ID. • If you request to delete a provider(s), check Delete and be sure to include your submitter ID. • If you are a new applicant, check Apply for New Submitter ID. • If you are a new applicant, check Apply for New Receiver ID.
Date	Enter today's date.
Submitter ID	The submitter ID is used by the submitter to communicate with Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For changes or additions, enter the Submitter ID to which the change/additions should be applied.
ERN Receiver ID	The ERN Receiver ID is used to download electronic remittances. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For changes or additions, enter the ERN Receiver ID to which the change/additions should be applied.
Submitter Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Owner Name	Enter the name of the individual(s) who owns the entity listed above.
Type of Submitter	Check the appropriate box.
Contact Person	The name of the submitter's primary EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.

EDI Application Form

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Form Field Name	Instructions for Field Completion
Fax	The Fax number of the Contact Person listed.
Address	The mailing address of the submitter.
City, State, ZIP	The city, state, and ZIP code of the submitter.
Email Address	The Contact Person's email address. Note: This will be the primary method of communication. This email address will also receive EDI Tracking Numbers used to monitor the processing status of your EDI forms.
Request Response Format	Check the format in which you will receive GPNet Claim Acceptance Responses.
Data Compression	To receive files compressed for faster transmission, indicate which data compression utility you support.
Name of Software Vendor	Indicate the name of the software vendor you are using, if applicable.
Vendor ID	Enter the Vendor ID assigned by Railroad Medicare, if applicable.
Name of Network Service Vendor	Indicate the name of the network service vendor you are using, if applicable.
Provider For Whom Submitter Will Be Transmitting	
Provider Name	List the provider whose bills will be submitted by the submitter named above.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email Address	Indicate the email address for the provider listed above. This email address will be the primary source of communications regarding approval of changes to their EDI options.
Railroad Medicare Provider Number (PTAN)	List the provider number (PTAN) for whose bills will be submitted by the submitter named above.
NPI	Include the National Provider Identifier (NPI).
Enrollment Attached?	Indicate "Y" for Yes or "N" for No. A properly executed 3-page EDI Enrollment Agreement must be attached for the provider listed. Palmetto GBA will not activate a submitter ID for any provider without a properly executed EDI Enrollment Agreement.
Provider Authorization Form Attached?	Indicate "Y" for Yes or "N" for No. A provider authorization form is required to authorize a clearinghouse and/or billing service as an electronic submitter.
Submit Claims	Check this box if the application is for the submitter to submit claims electronically for this provider.
Receive Electronic Remittances	Check this box if the submitter wishes to receive Electronic Remittances for the provider indicated. If this box is unchecked, the provider will be mailed hardcopy remittances.
Receive Reports:	Check this box if the submitter wants to receive response reports electronically for the provider indicated.

Once you have completed the application form, **please retain a copy for your records** and mail the original to the address listed below. Your Submitter ID and software (if applicable) will be mailed within 15 business days of receipt of completed forms.

Completed forms must be faxed or emailed to:

Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

EDI Application Form

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PALMETTO GBA®
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Railroad Medicare Electronic Data Interchange Application

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

Date: _____

Submitter ID: _____ ERN Receiver ID: _____

Submitter Name: _____

Owner Name: _____

Type of Submitter: ☐ Software Vendor ☐ Billing Service ☐ Provider ☐ Clearinghouse

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address*: _____

*Note: Email will be the primary method of communication.

Request Response Format:	<input type="checkbox"/> File	<input type="checkbox"/> Report
Data Compression:	<input type="checkbox"/> PKZIP	<input type="checkbox"/> UNIX-Compress

Name of Software Vendor: _____

Vendor ID (if applicable): _____

Name of Network Service Vendor _____

Provider For Whom Submitter Will Be Transmitting:

Provider Name: _____	Tax ID: _____
Provider Email Address: _____	
Railroad Medicare Provider Number (PTAN): _____	NPI: _____
Enrollment Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider Authorization Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports

Completed forms must be faxed or emailed to:

Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803**
when dialing our fax number.

Please retain a copy for your records. You must submit a completed EDI Application Form when submitting additional EDI forms.

EDI Application Form

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