



ACS EDI GATEWAY, INC.
SUBMITTER ENROLLMENT FORM



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

Section 1. Classification
Please indicate your classification
[ ] Software Vendor [ ] Billing Agent [ ] Clearinghouse [ ] Response Retrieval Only

Section 2. iDEX User Status
Are you a current Florida iDEX user? [ ] Yes [ ] No
If yes, please provide your current iDEX user name. \_\_\_\_\_

Section 3. Submitter/Trading Partner ID Number
If you are currently submitting electronic transactions directly to ACS EDI Gateway, please indicate your ACS EDI Gateway 5-digit Submitter ID or 6-digit Trading Partner ID [ ][ ][ ][ ][ ][ ][ ]

Section 4. Submitter Information
Business Name (If applicable): \_\_\_\_\_
Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Provider Number (if applicable): \_\_\_\_\_
Email Address: \_\_\_\_\_

Section 5. Contact Information
Sub-Section 5a. Primary Contact Information Please indicate contact information
Contact Individual Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_
Business Street Address: \_\_\_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_



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Sub-Section 5b. Additional Contact Information Please indicate contact information

Contact Individual Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Section 6. Software Vendor

If you are a software vendor, please provide the following information.

Software Product Name: \_\_\_\_\_ Software Version: \_\_\_\_\_ Protocol: \_\_\_\_\_

Section 7. Transactions Available for Transmission

Standard Transactions

- X12N 837P (Professional Claim)
X12N 837D (Dental Claim)
X12N 837I (Institutional Claim)
X12N 834 (Healthplan Enrollment)

- X12N 278 (Prior Authorization)
X12N 270 (Eligibility Inquiry)
X12N 276 (Claim Status Inquiry)

Note: Nursing facilities must select the X12N 837I claim type.

Section 8. Delimiter Information

For X12N transactions submitted directly to ACS EDI Gateway, please provide an alternate delimiter. If left blank, the default delimiter will be used.

Element Delimiter to be used: [ ] Default Delimiter (asterisk) \*
Segment Delimiter to be used: [ ] Default Delimiter (tilde) ~
Sub-Element Delimiter to be used: [ ] Default Delimiter (colon) :



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**Section 9. Electronic Response Retrieval**

Florida Medicaid submitters can retrieve their electronic responses from either the ACS EDI Gateway Internet Data Exchange (iDEx) or Host System. If you would like to participate in this service, please complete the section below. For more detailed information regarding X12N 835 Healthcare Claim Payment Advices, please see the X12N 835 Companion Guide located on the website listed below.

iDEx	HOST
<input type="checkbox"/> X12N 997 (Functional Acknowledgement)	<input type="checkbox"/> X12N 997 (Functional Acknowledgement)
<input type="checkbox"/> X12N 835 (Healthcare Claim Payment Advice) and X12N 277U (Unsolicited Claims Status)	<input type="checkbox"/> X12N 835 (Healthcare Claim Payment Advice) and X12N 277U (Unsolicited Claims Status)
<input type="checkbox"/> X12N 834 (Healthplan Enrollment)	
<input type="checkbox"/> X12N 820 (Group Premium Payment)	
<input type="checkbox"/> X12N 277 (Claims Status Response)	
<input type="checkbox"/> X12N 271 (Eligibility Response)	