

ACA Operating Rules Registration Form

ACA Operating Rules Registration Form	Phone number: (800) 967-7902 Fax number: (701) 277-7850 Contact us via email at: support@edissweb.com Visit our website at: www.edissweb.com
EDI Support Services PO Box 6729 Fargo, ND 58108-6729	

The information provided on this EDI registration form is used to set up your facility/entity for the ACA Operating Rules machine-to-machine connection for submitting 270 Eligibility Status and/or 276 Claim Status transactions. **Print legibly and complete every section as accurately as possible.** If you have any questions regarding the completion of this form, please contact EDI Support Services for assistance.

In order for this form to be accepted, registration in EDISS Connect must be completed. Once the EDISS Connect registration is completed and this form is received, a Submitter ID will be assigned to designate your PPACA account.

Note: As this alternative method is a machine-to-machine connection, please check with your software vendor to inquire if your program has this capability.

PROVIDER REGISTRATION

Providers that will be utilizing a vendor for PPACA 270 Eligibility Status and/or 276 Claim Status transactions do not need to complete this form. However, you are expected to register these transactions and link them to the appropriate vendor in EDISS Connect.

SUBMITTER REGISTRATION

Vendors/Direct Submitters who will be submitting via this connectivity method will need to register in EDISS Connect for a new vendor profile that is specific to ACA connectivity.

Vendors should also direct their providers to log into EDISS Connect and register with the vendor's new Submitter ID.

1. Please complete the following information for the vendor/direct submitter that will be sending/receiving transaction information:

Name on the Connect account: _____

Trading Partner ID: _____

Circle One: **Billing Service** **Clearinghouse** **Provider**

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact: _____

Telephone: _____ ***Fax:** _____

Email: _____

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*By providing your fax number, you are consenting that your fax machine is located in a secure area that is not accessible by anyone who is not authorized to view confidential information

2. IP Address of the computer that will be used for submitting the 270 Eligibility Status and/or 276 Claim Status transactions:

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_____ I acknowledge I have an application capable of connecting via HTTPS.

Connection Method (circle one): MIME SOAP/WSDL

Submission Method: Batch Real-Time

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SIGNATURE

3. The completed form with an authorized signature may be either mailed or faxed to EDISS:

As a member of this organization, I have the authority to enter into, administrate, and/or terminate contracts and make related determinations. By signing this document I verify I meet the signature requirements and authorize the setup noted above for the 270 Eligibility Status and/or 276 Claim Status.

Signature: _____

Print name: _____

Title: _____

Date: _____ / _____ / _____