



Claims Enrollment Instructions

DC Medicaid

Attention Providers:

To start sending your DC Medicaid claims electronically through EDS, you will need to follow the instructions below required by the payer.

Payer:	DC Medicaid
Payer ID:	77033
For Enrollment Questions:	Contact the EDS Enrollment Department at (800)482-3518 or Enrollment @ edsedi.com
Payer enrollment Applications	Provider Xerox EDI Gateway Authorization Form for Billing Agents and Clearinghouses
Email or Fax Application to:	Enrollment@edsedi.com.com Fax (651)389-9152
Approval Process and Timeframes:	Payer estimates 10 business days from date of submission.
Online Enrollment:	Please click on the following link to complete the enrollment and answer all the required questions * Please note that this payer requires enrollment for the Billing Provider only. http://conduent.formstack.com/forms/conduent_edi_solutions_inc_tp_a_and_baa_form_district_of_columbia_medicaid For Classification please select Group Provider

Washington, DC Conduent EDI Provider Enrollment Form



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



Provider Conduent EDI Gateway Authorization Form for Billing Agents and Clearinghouses

Section A. Provider Information.
Please indicate your classification (required): [] Individual Provider [] Group Provider/Practice
Business Person
Provider Name (Last, First, MI and Suffix)
Provider Number (Required for Individuals) Group Provider Number (Required for Groups)
Business Address
City, State, and Zip
Telephone Number Fax Number
Contact Name E-mail Address

Section B. Authorization Signature (required).

Provider, _____ hereby appoints
Provider name /Provider Representative Name (please print)

_____,
Billing Agent/Clearinghouse name (please print)

_____,
Billing Agent/Clearinghouse Conduent Trading Partner/Submitter ID

to act as the authorized agent for the purpose of retrieving health care responses electronically from Conduent EDI Gateway, Inc. Provider also authorizes the Billing Agent/Cleringhouse's access to the following X12N transaction responses if selected below:

- [] 277-Claims Status Response [] 271-Eligibility Response 837- Claims
[] 277CA-Claim Acknowledgement [] 835-Healthcare Claims Payment Advice
[] 278-Prior Authorization Response [] 999-Functional Acknowledgement

_____,
Provider/Provider Representative name (Please print)

_____,
Provider/Provider Representative Signature

_____,
Date