

# SC Trading Partner Agreement/Remittance Advice Enrollment

Fax to (803)870-9021 or mail to SC Medicaid TPA, PO Box 17, Columbia, SC 29202

Reason for Submission:  New Enrollment  Change Enrollment  Cancel Enrollment

## Trading Partner Information

Provider Name: \_\_\_\_\_

Doing Business As Name (DBA): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Provider Federal Tax Identification Number (TIN): \_\_\_\_\_

Trading Partner ID: \_\_\_\_\_ SC Medicaid Provider ID: \_\_\_\_\_

Type of Business:  Medicaid Provider  Billing Service  Clearinghouse  Software Vendor

Other (please specify): \_\_\_\_\_

## Provider Contact Information

Provider Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number Extension: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preference for Aggregation of Remittance Data (e.g., Account number linkage to provider identifier):  Provider Tax Identification Number (TIN): \_\_\_\_\_  
 National Provider Identifier (NPI): \_\_\_\_\_

## Claims Submission/Retrieval Information

Are you using a clearinghouse, billing agent, or vendor to submit your claims?  Yes  No

If Yes, please enter the name of the clearinghouse, billing agent, or vendor here: \_\_\_\_\_

If No, please indicate below which protocol(s) is/are used: (multiple selections are allowed)

Secure FTP  WS\_FTP Pro  CD  Diskette

South Carolina Medicaid Web-Based Claims Submission Tool (Select One)

Requesting Access: Number of IDs Requested \_\_\_\_\_  No Access Needed

Link to Existing IDs: \_\_\_\_\_

(If you submit X12 claims directly to SC Medicaid, you must complete the "linked" Submitter ID Information found on the second page of this application)

## Transactions Requested

Yes  No 270 – Eligibility IN  Yes  No 820 – Premium Payments  Yes  No 837P – Professional Claims

Yes  No 271 – Eligibility OUT  Yes  No 834 – Benefit Enrollment  Yes  No 837D – Dental Claims

Yes  No 276 – Claim Status IN  Yes  No 835 – Electronic Remittance Advice\*

Yes  No 277 – Claim Status OUT  Yes  No 837I – Institutional Claims

## TPA Authorization Agreement

I have read, understand, and agree with the conditions set forth in the South Carolina Trading Partner Agreement for Electronic Claims and Related transactions.

Authorized Signature: \_\_\_\_\_

Printed Name of Person Submitting Enrollment: \_\_\_\_\_

Submission Date: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

\*Please contact the Provider Service Center at 1-888-289-0709 for any questions regarding the electronic remittance advice enrollment process or the status of your enrollment.

\*Please refer to the "Your Remittance Advice" area in the Electronic Funds Transfer (EFT) section of the Provider Enrollment manual found on the SCDHHS Provider Web Page for instructions on how to complete updates to your Electronic Remittance Advice.

For assistance completing this form, please contact the EDI Support Center at 1-888-289-0709.

