

NHIC, Corp.	
Document Name: Electronic Data Interchange-Provider/Submitter Agreement	Doc. Number: FRM-EDI-0005
Release Date: 07/16/2007	Version: 21.0

## MEDICARE PART B Electronic Data Interchange-Provider/Submitter Agreement

### SECTION 1 – BILLING AGREEMENT

To be completed by **Medicare Part B Provider** if an entity is submitting claims on behalf of the provider.

Date: \_\_\_\_\_ NPI #: \_\_\_\_\_ \*PIN/PTAN #: \_\_\_\_\_

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

Physical Practice Address: (*Where services physically performed*)

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

City/State/Zip: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, + \_\_\_\_\_ Title: \_\_\_\_\_

(PRINT NAME)

(SIGNATURE)+

Authorize; \_\_\_\_\_ Submitter ID: \_\_\_\_\_

(SUBMITTER NAME)

to submit claims directly to NHIC, Corp. - Medicare B electronically, and request the above provider number be **\*\*removed from Submitter ID(s):** \_\_\_\_\_.

**+ Authorization signature must be from the President, CEO or Owner only.**

**\*\*A PIN/PTAN # (\*provider number) may only be linked to one submitter number. Therefore, this form will not be processed if your provider number is linked to more than one submitter number and you do not indicate what submitter number(s) to remove.**

### SECTION 2 – REMITTANCE AGREEMENT

To be signed by **Billing Service or Clearinghouse** only if you request to receive an Electronic Remittance File on behalf of a Medicare Part B Provider.

A billing service or clearinghouse may accept remittance files on behalf of a provider(s), but the billing service or clearinghouse is **PROHIBITED** from viewing, storing, modifying or reporting the data for its own use.

\_\_\_\_\_ Title: \_\_\_\_\_

(PRINT NAME)

(SIGNATURE)

The signature on this form signifies your agreement with this requirement. This document must be signed by a representative from the Billing Service or Clearinghouse.

All Medicare beneficiary specific information is confidential and subject to the requirements of 1106(a) of the Social Security Act.

**This form is only accepted if a current – original – EDI Agreement is on file with the NHIC Corp office that processes your Medicare Part B claims.**

**NHIC, Corp. - California**  
PO Box 2807  
Chico, CA 95927  
Attn: EDI Department  
FAX 530-879-2668

**NHIC, Corp. - New England**  
PO Box 9104  
Hingham, MA 02044  
Attn: EDI Department  
FAX 781-741-3523