

Instructions for Reserving Participation in Receivables Master

Receivables Master for PGBA Gulf Coast

Follow these instructions to reserve your participation in Receivables Master for PGBA Gulf Coast.

1. Complete the Addendum to DDE Enrollment Form for Billing Services and Clearinghouses and make at least two copies of the completed form.
2. Mail the original DDE form directly to PGBA at the address indicated on the bottom of the form via U.S. mail.

NOTE: The DDE Enrollment form can only be sent by regular mail because it goes to a post office box. Priority service or other shipment carriers require a physical address for delivery.

3. Return a **copy** of the DDE Addendum to Lewis Sales via facsimile at 225-709-2010 and/or mail at 8549 United Plaza Boulevard, Suite 310, Baton Rouge, LA 70809.

Due to processing time at PGBA, it may take up to thirty days from receipt of all required documentation by Lewis and PGBA for Reports to be made available to you. When you contact us with a request to initiate Receivables Master, a Lewis Sales representative will in turn contact you once reports are available. Reports will be delayed if any of the required documentation received by Lewis or PGBA is incomplete.

If you have any questions regarding the attached documentation, please contact your Sales representative at 1-800-955-3947.

Thank you for your interest in Receivables Master.

ADDENDUM TO DDE ENROLLMENT FORM FOR BILLING SERVICES AND CLEARINGHOUSES

In order to have access to Direct Data Entry On-line Systems, an entity must be submitting *initial* claims electronically for the provider. We cannot provide DDE access to a collection agency or any entity that bills after the original biller.

I hereby authorize _____ to perform any and all functions of Direct Data
BILLING SERVICE/CLEARINGHOUSE

Entry On-line Systems on behalf of _____.
PROVIDER NAME

I understand that DDE allows access to information on both pending and processed Part A claims. I am authorized to endorse this addendum on behalf of my company.

I agree to:

1. Be responsible for all activities of the billing service/clearinghouse while they are engaged in performing functions for my provider number.
2. Not share or exchange DDE User IDs or passwords.
3. Report to Palmetto GBA any suspected misconduct by the billing service/clearinghouse.
4. Notify Palmetto GBA in writing of any change in this authorization using the Provider Change form located on the www.PalmettoGBA.com Web site.

PROVIDER INFORMATION:

Provider Number	National Provider Identifier (NPI)
Provider Name	Name/Title (Please Print)
Address	Signature
City/State/Zip	Date
E-mail Address	Phone

BILLING SERVICE/CLEARINGHOUSE INFORMATION:

SUBMITTER ID*	DDE User ID	DDE User ID	DDE User ID	DDE User ID
DDE User ID	DDE User ID	DDE User ID	DDE User ID	DDE User ID

ANY ADDITIONAL DDE USER IDs SHOULD BE SUBMITTED ON A SEPARATE ADDENDUM FORM

*Please indicate the **Submitter ID** of the *Billing Service or Clearinghouse* that will be doing your billing.

Submit completed form to: Palmetto GBA
Medicare SC Part A / RHHI EDI, AG-420
PO Box 100145
Columbia SC 29202-3145