

J15 Communications Application *for Testing*

Date _____

Select the Testing Region (only one application per region) Part A/HHH Part B

Owner of Submitter ID Number (indicate to whom the SUBMITTER ID NUMBER is assigned, if not selected the Submitter ID will be assigned to the Providers PTAN) Testing Entity Name
Provider

PROVIDER INFORMATION (please complete all lines below):

Provider Name _____

Contact Person _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

E-mail _____

PTAN _____ NPI _____

TESTING ENTITY INFORMATION (please complete all lines below):

Testing Entity Name _____

Name of Software _____

Contact Person _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

E-mail _____

- An EDI Enrollment form is required if the provider has never been setup for electronic filing.
- Once you have received your submitter ID number password and completed testing, you may send an EDI application to set provider up for Electronic remits (ERN/ERA).

FAX completed form (for faster service) to:

- 1.615.664.5945 - Ohio Part A
- 1.615.664.5943 - Kentucky Part A
- 1.615.664.5947 - Home Health & Hospice
- 1.615.664.5927 - Ohio Part B
- 1.615.664.5917 - Kentucky Part B

Or mail completed form to:

J15 - Part B Correspondence CGS Administrators, LLC PO Box 20018 Nashville, TN 37202	J15 - Part A EDI CGS Administrators, LLC PO Box 20014 Nashville, TN 37202	J15 - HHH Correspondence CGS Administrators, LLC PO Box 20014 Nashville, TN 37202
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