CGS EDI APPLICATION

Line of Business/Payor ID: ☐ KY Part A 15101 ☐ KY Part B 15102 ☐ OH Part A 15201 ☐ OH Part B 15202 ☐ HHH 15004 **Date:**

Action Requested: ☐ Add Provider(s) ☐ Change/Update Submitter Information ☐ Delete ☐ Apply for New Submitter ID

837 (for submitting claims) 835 (to receive ERA)

Input Submitter ID # (if applicable): **Note:** If submitter ID number for 835 field is left blank it will automatically default to the 837 submitter ID number requested unless you are currently setup for ERA/ERN. If requesting myCGS for ERA's, please enter myCGS in the 835 field.

Name of Submitter ID:

Type of Submitter: ☐ Software Vendor ☐ Billing Service ☐ Provider ☐ Clearinghouse

EDI Contact Person:

Phone: **Fax:**

Address:

City: **State:** **Zip:**

Submitter E-mail Address
(**Note:** E-mail will be the primary method of communication.)**:**

Name of Software Vendor: **Name of Network Service Vendor (NSV):**

Providers for Whom Submitter Will Be Transmitting:

Group Practice/Provider Name:

Provider Contact Name:

Provider Telephone #:

Address:

City: **State:** **Zip:**

Group Provider Number: **Group NPI:** **TIN/EIN number:**

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
PO Box 20018
Nashville, TN 37202

I hereby authorize the above submitter to receive the items notated above on my behalf. I understand that this document binds me to electronic remittance also unless a waiver has been granted through EDI from CMS for SPR in accordance with publication reference IOM 100-4 chapter 22 section 40.1 In addition, I understand that these items contain payment information concerning my processed Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that it is my responsibility to notify CGS EDI in writing if I wish to revoke this authorization.

Printed Signature

Authorized Signature (Must be signed by Provider)

CGS®
A CELERIAN GROUP COMPANY

Revised July 18 2019.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES