



Enrollment Preparation Worksheet

Getting Started: Enrollments is completed to match the Billing Tax ID and NPI used to send out claims. If you are credentialed and bill out all your claims with the same Tax ID and NPI, you'll only need one form. If you have credentialed and bill with multiple combinations, you need to use one form for each set to keep the information organized.

This guide is for the following Tax ID and NPI.

What Tax ID is this enrollment for?	What Tax ID type is this? (EIN or SSN)	What Billing NPI is this enrollment for?	What NPI type is this? (Group or Individual)
-------------------------------------	--	--	--

1) PRACTICE INFORMATION

Enter your practice information below. This is the provider information entered onto Box 33 of a CMS-1500 form or Box 1 of a UB-04 form.

Practice Name <i>(MUST be 35 characters or less)</i>		Phone Number	Fax Number
Street Address <i>(MUST be a physical address)</i>	City	State	Zip Code <i>(MUST be 9 digits)</i> https://tools.usps.com/go/ZipLookupAction_input

2) CONTACT INFORMATION

Contact Name	Title	Phone Number	Email Address
<i>If the contact above is not recognized by Medicare/Medicaid to sign the EDI forms, enter the authorized person's info below. Agreements will be denied if the wrong name is signed.</i>			
Authorized Signer Name	Title	Phone Number	Email Address

Enrollment Preparation Worksheet



3) ADDITIONAL INFORMATION

The questions below are important to your enrollment. Identifying the answers will help speed your set up.

If you have a different address on file with the insurances, enter that here. (Medicare/Medicaid enrollment requires information that matches the data in their system.)

If you are currently enrolled with Trizetto Provider Solutions (aka Gateway EDI), what is your account number/site ID?

If you are currently enrolled with another clearinghouse, what is that name?

4) INSURANCE INFORMATION

Identify the insurance companies that are credentialed with the above Tax ID and NPI. Enrollments that are submitted to insurances you are not credentialed with will deny for Tax ID/provider not found. Limiting to known credentialed insurances will ensure a faster and accurate set up.

<i>Insurance name</i>	<i>Provider-specific details</i>	<i>% of Claim Volume (Total should equal 100%)</i>	<i>Notes about this insurance</i>
Medicare Part A of state	What is your Medicare Part A PTAN?		This Medicare is for <u>institutional (UB-04)</u> claims. See appendix. You typically bill your local Medicare. If you are credentialed with other states and have a unique PTAN for each, add them to the next page.
Medicare Part B of state	What is your Medicare Part B PTAN?		This Medicare is for <u>professional (CMS-1500)</u> claims. See appendix. You typically bill your local Medicare. If you are credentialed with other states and have a unique PTAN for each, add them to the next page.

Enrollment Preparation Worksheet



<i>Insurance name</i>	<i>Provider-specific details</i>	<i>% of Claim Volume (Total should equal 100%)</i>	<i>Notes about this insurance</i>
DME Medicare of state	What is your DME Medicare PTAN?		<p>This Medicare is for <u>durable medical equipment</u> claims.</p> <p>Format is 10-digits that includes 3-4 zeros. (Example: 6234530001)</p>
Railroad Part B Medicare	What is your Railroad Medicare PTAN?		<p>You must be credentialed with your local Medicare first before Railroad Medicare will assign a PTAN to you.</p> <p>Format for group PTANs is usually 2-alpha-4-numeric or 1-alpha-5-numeric & individual PTANs is 1-alpha-9-numeric.</p>
Medicaid of state	<p>What is your Medicaid provider number?</p> <p>What claim type do you bill? CMS-1500 _____ UB-04 _____</p>		<p>See appendix.</p> <p>If you see patients from a managed care plan, verify if your claims would be sent directly to that insurance instead.</p>
Blue Cross / Blue Shield of state	<p>What is your BCBS provider number?</p> <p>What claim type do you bill? CMS-1500 _____ UB-04 _____</p>		<p>See appendix.</p> <p>You typically bill your local BCBS. If you are credentialed with other states, add them to the next page.</p>



Enrollment Preparation Worksheet

5) ADDITIONAL INSURANCE INFORMATION			
<p>Identify additional insurance companies that are credentialed with the above information. Enrollments that are submitted to insurances you are not credentialed with will deny for Tax ID/provider not found. Limiting to known credentialed insurances will ensure a faster and accurate set up.</p>			
Insurance name	Provider-specific details	% of Claim Volume (Total should equal 100%)	Notes about this insurance
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		

Enrollment Preparation Worksheet



5) ADDITIONAL INSURANCE INFORMATION

Identify additional insurance companies that are credentialed with the above information. Enrollments that are submitted to insurances you are not credentialed with will deny for Tax ID/provider not found. Limiting to known credentialed insurances will ensure a faster and accurate set up.

Insurance name	Provider-specific details	% of Claim Volume (Total should equal 100%)	Notes about this insurance
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		



Enrollment Preparation Worksheet

5) ADDITIONAL INSURANCE INFORMATION

Identify additional insurance companies that are credentialed with the above information. Enrollments that are submitted to insurances you are not credentialed with will deny for Tax ID/provider not found. Limiting to known credentialed insurances will ensure a faster and accurate set up.

Insurance name	Provider-specific details	% of Claim Volume <i>(Total should equal 100%)</i>	Notes about this insurance
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		
	What is your provider number? What claim type do you bill? CMS-1500 _____ UB-04 _____		

**Total % of claim Volume
(should equal 100%)**