



AVAILITY ENROLLMENT FORM

PAYER ID: 77034

PAYER NAME: MEDICAID GEORGIA

Required: Submission of this form indicates the completion of the enrollment instructions.

Enter Provider Information (print or type)		
Provider Organization Name		
Provider Tax ID	Provider/Group NPI	
Availity Customer ID (Required)	Provider Legacy ID (if available)	
Provider Billing Address		
City	State	Zip
Authorized Name	Phone	
Email Address		
Choose which transaction you are enrolling (Claims, Remits, or Both):		

Enrollment Instructions

Please click the below link to begin enrollment.

<https://www.mmis.georgia.gov/portal/>

- Hover over the Provider Enrollment link at the top of the page
- Select Enrollment Wizard

Once enrolled each individual provider should receive a PIN Letter that has instruction on how to access the Georgia Medicaid secure Web Portal. Each provider will need to login to the portal and follow the instructions below to delegate access to Availity.

- Log into the Web Portal
- Enter the Username and Password (refer to PIN Letter)
- Select Account Management
- Click Add Agent
- Enter the email address aacenrollment@availity.com and click Search, Availity should be found in the search results
- Click the Select button on the line with tpid 142188
- Read the Terms of Service and click Yes I Agree
- Enter the provider ID that you wish to assign billing agent access to and click Search
- Click Select on the provider account for which permissions are to be designated.
- Click Select for the Web Portal System
- Check the boxes for Claims Edit, Eligibility, Report Financial (for 835 transactions), Reports Other, and Trade Files Download and then click Save Changes

For screen examples see the [Web Portal User Account Management Guide](#).

Enrollment Questions: Please Contact EDI Services at 770-325-9590 or 877-261-8785