

## **AVAILITY ENROLLMENT FORM**

**PAYER ID: 03402** 

PAYER NAME: MEDICARE SOUTH DAKOTA PART B

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**

The use of EDISS Connect is required for all providers. Enrollment must be completed Utilizing Noridian's EDISS Connect Enrollment Process

**EDISS Connect**- This is applicable for the following:

All lines of business

All States Professional and Institutional Claims and ERA

## 835 ERA Note

Please note if you are a provider that bills with a single NPI for Both Part A and B services and opt to have 835 ERA files delivered to Availity L.L.C. Noridian's EDISS Connect system will only allow you to link your NPI to

one receiver ID for 835 ERAs. This means that all payments for both Part A and B that are received back from Noridian will be under Either all Part A or all Part B and not separated. This only impacts providers that use a single NPI to bill both Part A and B claim types.

The EDISS Connect web page also contains a User Guide for Provider. Please take control of your profile with Noridian. All providers who wish to submit claims or receive ERA via Availity L.L.C. will need to link Availity's submitter/vendor ID listed below.

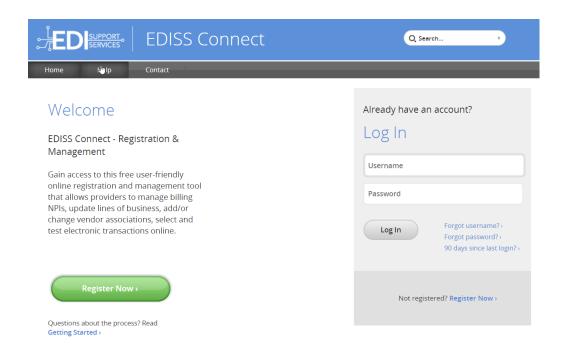
## Vendor Information

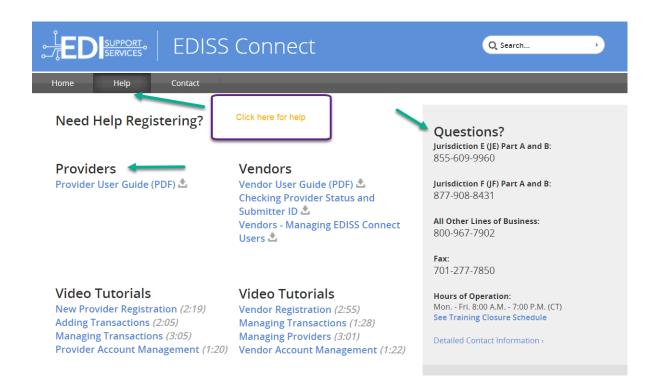
Vendor/Submitter ID: CH00033

Vendor Contact Name: AAC Enrollment

Software Product Name: N/APhone Number: 800-282-4548Fax Number: 371-580-0027







Enrollment Questions: Please contact EDISS Helpdesk at 877-908-8431 or 855-609-9960

