

SC Trading Partner Agreement Enrollment

Fax to (803)870-9021 or mail to SC Medicaid TPA, PO Box 17, Columbia, SC 29202

Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Trading Partner Information

Trading Partner Name: _____

Doing Business As Name (DBA): _____

Street: _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____

National Provider Identifier (NPI): _____ Provider Federal Tax Identification Number (TIN): _____

Trading Partner ID: _____ SC Medicaid Provider ID: _____

Type of Business: Billing Service Clearinghouse Software Vendor

Other (please specify): _____

Trading Partner Contact Information

Trading Partner Contact Name: _____

Telephone Number: _____ Telephone Number Extension: _____

Fax Number: _____ Email Address: _____

Claims Submission/Retrieval Information

Indicate below which protocol(s) is/are used: (Multiple selections are allowed)

Secure FTP WS_FTP Pro CD Diskette

South Carolina Medicaid Web-Based Claims Submission Tool (Select One)

Requesting Access: Number of IDs Requested _____ No Access Needed

Link to Existing IDs: _____

(If you submit X12 claims directly to SC Medicaid, you must complete the "linked" Submitter ID Information found on the second page of this application)

Transactions Requested

Yes No 270 – Eligibility IN Yes No 820 – Premium Payments Yes No 837P – Professional Claims

Yes No 271 – Eligibility OUT Yes No 834 – Benefit Enrollment Yes No 837D – Dental Claims

Yes No 276 – Claim Status IN Yes No 835 – Electronic Remittance Advice

Yes No 277 – Claim Status OUT Yes No 837I – Institutional Claims

TPA Authorization Agreement

I have read, understand, and agree with the conditions set forth in the South Carolina Trading Partner Agreement for Electronic Claims and Related transactions.

Authorized Signature: _____

Printed Name of Person Submitting Enrollment: _____

Submission Date: _____ Requested Effective Date: _____

For assistance completing this form, please contact the EDI Support Center at 1-888-289-0709.

