



ALOHA CARE (99030) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- HIPAA Transaction Set Form

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to administepproviderenrollment@administep.com; OR
- Fax to (214) 440-3101

WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 2 weeks

HOW DO I CHECK STATUS?

- After the two week processing time, you may call (214) 440-3141 or email administepproviderenrollment@administep.com to verify if you have been approved for EDI claim submissions. ERAs will be activated as soon as EDI enrollment is complete.



HIPAA TRANSACTION SET FORM

Fill in the information below. (* denotes required field)

PROVIDER INFORMATION

*Provider Name: _____

For Provider Groups: Attach a list of providers who bill under the group and include their individual NPI number.

Indicate the Program for EDI Submission: QUEST Integration Medicare

*Federal Tax ID: _____ Are you signed up for AC Online? Yes No

* Type II NPI (non-LTSS providers only): _____

Name of software used for EDI Submission (If not applicable indicate "NA"): _____

PROVIDER CONTACT INFORMATION

*Name: _____ * Phone: (_____) _____

Email: _____ Fax: (_____) _____

Preferred Method of Contact: Phone Fax Email

CLEARING HOUSE/THIRD PARTY CONTACT INFORMATION

*Name: _____ * Phone: (_____) _____

Email: _____ Fax: (_____) _____

*Preferred Method of Contact: Phone Fax Email

*Date you started with clearing house: _____

*Previous clearing house (if any): _____

Signature: _____ Date: _____