

# ALOHA CARE (99030) PRE-ENROLLMENT INSTRUCTIONS



## WHICH FORM(S) SHOULD I DO?

- HIPPA Transaction Set Form

## WHERE SHOULD I SEND THE FORM(S)?

- Email form to: [administeproviderenrollment@administep.com](mailto:administeproviderenrollment@administep.com); or
- Fax to: (214) 440-3101

## WHAT IS THE TURN AROUND TIME?

- Turnaround time is approximately 2 weeks

## HOW CAN I CHECK THE STATUS OF MY EDI ENROLLMENT?

- After the two week processing time, you may call (214) 440-3141 or email [AdministepProviderEnrollment@administep.com](mailto:AdministepProviderEnrollment@administep.com) to verify if you have been approved for ED 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: \_\_\_\_\_