

**WHICH FORMS SHOULD I COMPLETE?**

- Complete the **Provider Conduent EDI Gateway Authorization Form for Billing Agents and Clearinghouses** (Page 2)

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

- Fax the form to (202) 906-8399  
OR
- Mail the form to  
Conduent  
ATTN: Technical Support/Enrollment  
PO Box 34734  
Washington, DC 20043-4761

**WHAT IS THE TURNAROUND TIME?**

- Standard processing time is 2 weeks

**HOW DO I CHECK STATUS?**

- Call Conduent at (866) 407-2005 and ask if you are linked to Office Ally's Submitter ID (**91168**)
- Once the enrollment has been approved, you **MUST** notify Office Ally at [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com) **PRIOR** to submitting claims electronically. Please include the following details:
  - o SUBJECT LINE: Medicaid District of Columbia EDI Approval – NPI (Insert NPI)
  - o BODY OF EMAIL:
    - Please add our EDI approval for Medicaid Washington (District of Columbia) to your system:
      - Provider Name:
      - TIN:
      - NPI:

Washington, DC Conduent EDI Provider Enrollment Form



Please return to:  
Conduent  
Technical Support/Enrollment  
PO Box 34734  
Washington DC 20043-4761  
Fax to: (202) 906-8399



**Provider Conduent EDI Gateway Authorization Form for Billing Agents and Clearinghouses**

**Section A. Provider Information.**

Please indicate your classification **(required)**: ☐ Individual Provider ☐ Group Provider/Practice

*Business Person*

*Provider Name (Last, First, MI and Suffix)*

*Provider Number (Required for Individuals)*

*Group Provider Number (Required for Groups)*

*Business Address*

*City, State, and Zip*

*Telephone Number*

*Fax Number*

*Contact Name*

*E-mail Address*

**Section B. Authorization Signature (required).**

**Provider,** \_\_\_\_\_ **hereby appoints**

*Provider name /Provider Representative Name (please print)*

\_\_\_\_\_,  
*Billing Agent/Clearinghouse name (please print)*

\_\_\_\_\_  
*Billing Agent/Clearinghouse Conduent Trading Partner/Submitter ID*

**to act as the authorized agent for the purpose of retrieving health care responses electronically from Conduent EDI Gateway, Inc. Provider also authorizes the Billing Agent/Cleringhouse's access to the following X12N transaction responses if selected below:**

- |   |   |
|---|---|
| <input type="checkbox"/> 277-Claims Status Response       | <input type="checkbox"/> 271-Eligibility Response             |
| <input type="checkbox"/> 277CA-Claim Acknowledgement      | <input type="checkbox"/> 835-Healthcare Claims Payment Advice |
| <input type="checkbox"/> 278-Prior Authorization Response | <input type="checkbox"/> 999-Functional Acknowledgement       |

\_\_\_\_\_  
*Provider/Provider Representative name (Please print)*

\_\_\_\_\_  
*Provider/Provider Representative Signature*

\_\_\_\_\_  
*Date*