



Important Note: The entity performing the billing must complete this form.

Incomplete or incorrect application **will be** returned.

1. General Information (Please do not submit profile prior to 10 days of the effective date.)

I am requesting to:	<input type="checkbox"/> Start billing electronically	<input type="checkbox"/> Add Electronic Remits Notice (ERN) (835 Report)
	<input type="checkbox"/> Delete ERN	<input type="checkbox"/> Change existing Trading Partner
	<input type="checkbox"/> Other (Complete Section 9)	

Effective Date: _____ (Profile will be held no more than 10 days.)

2. Provider Information

Submitter ID# (If known for existing EDI Billers):			
Practice Name:			
Mailing Address:			
City, State, Zip:			
Contact Name:		Phone #:	
E-mail:		Fax #:	

3. PTAN & NPI Numbers (Please list the Group PTAN and NPI numbers below. If a Group PTAN does not apply, list the Individual PTAN and NPI numbers. In order to complete the EDI application, both the PTAN and NPI numbers are required.)

Group PTAN #:		Individual PTAN #:		NPI #:	
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4. Claim Transmission Information (Mark all applicable boxes below.)

Connection Method (If nothing is selected, Stratus will be the default.):	<input type="checkbox"/> Stratus (dial-up connection to CIGNA)	
	<input type="checkbox"/> Other (Please be specific): _____	
Format:	<input type="checkbox"/> ANSI X12N 837 v. 4010A1	
Billing Software (Shade in circle of selection):	<input type="checkbox"/> Program In-House	Medicare Claims Express (MCE): <input type="checkbox"/> MCE for Primary Billing (You will automatically be set-up to receive ERL & ERN files). <input type="checkbox"/> MCE for Medicare Secondary Payer (MSP)
	<input type="checkbox"/> Vendor Software	
	<input type="checkbox"/> Billing Service	
	<input type="checkbox"/> Clearinghouse	

5. Trading Partner & Third-Party Information (Include information pertaining to the selected billing service, clearinghouse, and/or software vendor.)

	Software Vendor:	Billing Service:	Clearinghouse:
Name:			
Address:			
City, State, Zip:			
Phone #:			
Fax #:			
Contact:			
Submitter ID (If one assigned for all Providers):			

6. Additional Features

Electronic Remittance Notice (ERN): Format ANSI X12N 835 v. 4010A1

If you are currently an electronic submitter receiving paper EOB and elect to receive ERNs, paper remittance notices will be discontinued after 45 days.

Note: Electronic Receipt Listings (ERL) are downloaded to the same mailbox as the Electronic Remittance Notice (ERN).

This section must be filled out. If you have been assigned a stratus mailbox number, it must be listed below, or the profile will be returned to the entity performing the billing!

Please choose one of the following:

- I elect to have Electronic Remittance Notice (ERN) downloaded using mailbox number: _____
- Please assign me a Stratus mailbox number for ERN download.
- I **do not** wish to receive Electronic Remittance (ERN) downloaded to mailbox number: _____
- Please assign me a Stratus mailbox. I **do not** wish to download ERNs at this time.

7. Provider Professional Transaction Network (PPTN)*

If electing to participate in PPTN please choose one of the following: IVANS VISION SHARE

The CIGNA Government Services (CGS) Professional Provider Telecommunication Network (PPTN) system allows a provider to electronically check the status of claims and establish a patient's eligibility prior to claim submission. Use of this feature requires a third party connectivity provider such as the ones listed above.

8. Provider Acknowledgement & Signature (To be completed by Provider.)

Provider Acknowledgement:

The following is acknowledged and hereby agreed to, once the profile has been signed:

- **Electronic Remittance Notices (ERN):** I understand that this transaction contains payment information concerning my processed claims.
- **Beneficiary Eligibility (PPTN):** I understand that this allows access to information regarding patient eligibility.
- **Claims Status Inquiry (PPTN or batch mode):** I understand that this transaction allows access to information on both pending and processed claims.
- **Electronic Receipt Listings (ERL):** I understand that this transaction contains batch detail of submitted claims.

Effective immediately, I hereby authorize CIGNA Government Services to release the aforementioned data (which contains confidential information), make all changes indicated within this profile. I certify that all information provided is accurate, to the best of my knowledge. I acknowledge that in signing this form, I bind this company or unincorporated organization to notify the Medicare contractor, in advance and in writing, if changes occur or if it is necessary to revoke this authorization.

The provider or an authorized official must sign this section, or the application will be returned to the requested Trading Partner.

Signature	Date
Name (printed)	Title

9. Additional Instructions

10. Form Submission (Return the completed Medicare Part B EDI Customer Profile to the address below.)

CIGNA Government Services
 Attn: EDI Department
 PO Box 690, Nashville, TN 37202

Fax #: 1.615.782.4653
 Phone #: 1.866.352.1608

* Additional information located at: <http://www.cignagovernmentservices.com/partb/claims/edi/services.html>