



P.O. Box 7011 Northridge, Ca 91327-7011 * (818) 368-5501 * www.signatureclaims.net

Provider Sign-up Form Information

Profile for North Carolina Medicare

In Section 1, add the date

Fill out Section 2

Fill out Section 3 under Clearinghouse. Add the information for Signature Claims:

Signature Claims

PO Box 7011

Northridge, CA 91327-7011

(818) 368-5501

Contact-Bill Greenland

If you want Electronic Remittance Advice, then check the box in Section 5. You will receive your ERA from Signature Claims. NOTE: This often will END your paper EOBs. You will also need to check the box in Section 6 called Electronic Remittance Notices (ERNs)

In Section 6, check the box marked Electronic Receipt Listings (ERLs)

Complete and sign Section 9

Mail this form to:

Cigna Government Service

4135 Mendenhall Oaks Parkway

Suite 101

High Point, NC 27265

fax-336-821-4595

Medicare Part B EDI Customer Profile

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<input type="radio"/>	Claim Status Inquiry Format: ANSI X12N 276/277 v. 4010A1 Batch mode only
	Software for this function is not available from CIGNA Government Services Vendor Name _____ PB _____ Submitter ID # _____

(6) Third-Party Authorization

*** In order for CIGNA Government Services (CGS) to release confidential Medicare information to billing services and/or clearinghouses, Section 6 must be completed.**

Effective immediately, I hereby authorize CIGNA Government Services to release the following data, which contains confidential Medicare information to _____ Signature Claims PB246R _____ as they will be submitting my initial claims.
(Billing Service and/or Clearinghouse Name and Stratus Mailbox ID)

Check only those items that apply: *

- Electronic Receipt Listings (ERLs) and Standardized Error Reports**
- Electronic Remittance Notices (ERNs)**
- Beneficiary Eligibility**
- Claim Status Inquiry**

(7) EDI Number and Password Requirements

The CMS's requirements for EDI access are located in Chapter 24 of Pub.100-04. Section 2.9.10 of the Core Security Requirements (CSR) in the Business Partners Systems Security Manual contains further requirements applicable to use of passwords issued to permit system access. The password requirements apply to entities to which Medicare contractors issue passwords, as well as to Medicare contractors themselves.

An entity that is not a clearinghouse as defined by the Health Insurance Portability and Accountability Act (HIPAA), a provider's agent for preparation and submission of claims to Medicare, or otherwise contracted by a provider to perform a Medicare-covered EDI function, is permitted to perform data analysis and issue reports to a provider, as long as the following requirements are met:

1. A signed agreement must be in effect between the provider and the entity authorizing this entity to use the data and specifying how the data may and may not be used;
2. The entity has furnished the provider with a signed confidentiality agreement that meets Medicare's privacy and security requirements for protection of the personally identifiable beneficiary health data;
3. The provider has notified the patients that their personally identifiable health data will be shared with the entity and how it will be used;
4. The provider agrees not to furnish data to the entity for any patients who object; and
5. The data is forwarded to the entity by the provider.

An entity that does not perform functions for which Medicare EDI data is collected or issued may NOT be given an EDI number or password for direct access to Medicare data, and is never permitted to use a provider's EDI number or password for that or any other purpose. Furthermore, entities that do perform a listed function must never access Medicare systems using a number not directly issued them by the Medicare contractor to whom the provider they represent submits claims. As stated in CSR 2.9.10, passwords are "unique for specific individuals" and must be "controlled by the assigned user and [are] not subject to disclosure."

An entity involved only in transmission of Medicare EDI data between a provider and Medicare is not permitted to open the electronic envelope of the transmitted data, or to generate reports that include data from within those transmission envelopes. Billing agents and business associates that perform other listed functions are permitted to open the electronic envelopes, and use the data for analysis and generation of reports for the providers they serve.

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(8) Special Instructions (Briefly describe changes you are requesting)

(9) Provider Signature

*In addition to all of the above, I, the **provider** certify that the information that is provided is accurate to the best of knowledge, and that I have read and understand the security requirements, and acknowledge that it is my responsibility to notify CIGNA Government Services in advance and in writing if I wish to make any changes.*

Provider Name

(Please print)

Provider Signature

(Please include your job title)

Date Signed

IMPORTANT: The provider must sign this form. Other signatures may result in a delay in processing this Medicare Part B EDI Customer Profile. Please send the completed form with signature to the address below.

Return the completed Part B EDI Customer Profile to:

**CIGNA Government Services
ATTN: EDI Department
4135 Mendenhall Oaks Parkway
Suite 101
High Point, NC 27265
Toll-Free: 866.352.1608
Fax: 336.821.4595**

*** INCOMPLETE APPLICATIONS WILL BE RETURNED ***