



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

Provider Sign-up Form Information

Virginia Medicaid

Check box 1 and fill in the date.

If you want Electronic Remittance Advice, then check the box in the section called “Electronic Remittance Advice” and enter Signature Claims as the service center. You will receive your ERA from Signature Claims. NOTE: This often will END your paper EOBs.

Sign the form.

Mail Original or Fax to:

First Health Services Corporation
Electronic Media Claims Coordinator
Virginia Medicaid Operations
4300 Cox Road
Glen Allen, Virginia 23060
Phone Number: (800) 924-6741
Fax Number: (804) 273-6797



First Health Services Corporation

PROVIDER SERVICE CENTER AUTHORIZATION

Please review and check the block(s) which pertain to you:



SERVICE CENTER AUTHORIZATION:

I certify that I have authorized the following service center(s) to submit electronic transactions to Department of Medical Assistance Services until such time as I notify First Health Services otherwise:

Signature Claims - 1768

(Name of Service Center Preparing Electronic Transactions)

If adding a new Service Center or a new Transaction:

Service Center Number: _____ Begin Date: _____

Electronic Transaction Types Submitted: _____ Eligibility Req./Resp. (270/271) _____ Claims Status Req./Resp. (276/277)

_____ Prior Authorization Req./Resp. (278/278) _____ Dental (837 D) _____ Institutional (837 I) X _____ Professional (837 P)

_____ Pharmacy (NCPDP – batch)

If terminating a Service Center or a Transaction:

Service Center Number: _____ End Date: _____

Terminated Electronic Transaction Types: _____ Eligibility Req./Resp. (270/271) _____ Claims Status Req./Resp. (276/277)

_____ Prior Authorization Req./Resp. (278/278) _____ Remittance Advice (835) _____ Dental (837 D) _____ Institutional (837 I)

_____ Professional (837 P) _____ Pharmacy (NCPDP – batch)

PLEASE SELECT A OR B FOR AN 835 ELECTRONIC REMITTANCE REQUEST



A. I desire to have Service Center _____ receive my electronic remittances (835) and I understand that I will continue to receive paper remittances only for 30 days after the electronic remittances start.

Refer to Terms and Conditions Page 2 Item A



B. I desire to have Service Center _____ receive my electronic remittances (835) and I would like my paper remittances to continue for the period selected below:

Refer to Terms and Conditions Page 2 Item B

PLEASE EXTEND MY PAPER REMITTANCES FOR:

_____ 60 Days

_____ 90 Days

_____ 120 Days

PROVIDER SERVICE CENTER AUTHORIZATION

I understand that I am responsible for the information presented on these invoices and that the information is true, accurate, and complete. I further understand that payment and satisfaction of these claims will be from federal and state funds and that false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws. This agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.

PROVIDER NAME: _____ PROVIDER NUMBER: _____

SIGNATURE: _____

DATE: _____ TELEPHONE#: _____



First Health Services Corporation

Terms and Conditions

A. ELECTRONIC REMITTANCE REQUEST (835) AND PAPER REMITTANCES FOR 30 DAYS AFTER PRODUCTION APPROVAL.

I certify that I have authorized the Service Center identified on Page 1 to receive and process my electronic remittances. Although I can have multiple service centers submitting claims for me, I understand that only one service center can accept and process my electronic remittance and that service center must have prior approval from First Health Services to receive electronic remittances. I am also aware that 30 days after I start getting electronic remittances, all paper remittances will cease.

B. ELECTRONIC REMITTANCE REQUEST (835) AND PAPER REMITTANCES EXTENDED FOR 60 DAYS, 90 DAYS, OR 120 DAYS AFTER PRODUCTION APPROVAL.

I certify that I have authorized the Service Center identified on Page 1 to receive and process my electronic remittances. Although I can have multiple service centers submitting claims for me, I understand that only one service center can accept and process my electronic remittance and that service center must have prior approval from First Health Services to receive electronic remittances. I am also aware that after I start getting electronic remittances, all paper remittances will cease after the delay I selected on Page 1.

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