

**WPS ELECTRONIC DATA
SERVICES
SUBMITTER PROFILE**

Thank you for choosing Electronic Data Interchange (EDI) with WPS. We need the following information to enable us to properly receive/send electronic transactions. This form should only be completed if your office will be transmitting *directly* to/from WPS, and not through a clearinghouse or billing service. Please fill in only the areas that apply to your system. This completed form may be returned to the address or fax number listed on the back of this page.


| | |
|--|---|
| • EDI SUBMITTER DATA | |
| Submitter Name: | |
| Submitter Address: | |
| Submitter City, State & Zip: | |
| Federal Tax ID Number: | EDI Submitter Number: <small>(WPS assigned, leave blank)</small> |
| Medicare Provider Number/Group Number: <small>(For Medicare submissions ONLY)</small> | EDI Password: <small>(WPS will assign, leave blank)</small> |
| National Provider Identifier(s): | |
| Submitter Contact Person: | Contact Telephone: |
| E-Mail: | FAX Number: |
| • EDI LINE OF BUSINESS DATA | |
| Selected Line of Business: <small>(Check all that apply)</small> | |
| <input type="checkbox"/> Medicare Part B Wisconsin <input type="checkbox"/> Medicare Part B Illinois <input type="checkbox"/> Medicare Part B Michigan <input type="checkbox"/> Medicare Part B Minnesota | |
| • MEDICARE REMIT EASY PRINT | |
| Are you a billing service? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a clearinghouse? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is this request for Medicare Remit Easy Print use only? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**WPS Bulletin Board System must be accessed by a dial-up modem.
It cannot be accessed by a DSL/Cable internet connection**

Please Select a Route of Submission

Dial-up modem _____

Network Service Vendor
(Connectivity Vendor) _____

| | |
|--|----------------|
|  SUBMITTER SOFTWARE INFORMATION | |
| Name of Billing Software: | |
| Vendor's Name: | |
| Vendor's Contact: | Contact Phone: |
| Vendor FAX Number: | Vendor Email: |
| Vendor Address, City, State, ZIP | |

Please provide us with any additional information you may have regarding your computer system that may help us in setting up your account. *Thank you for your cooperation in filling out this form!*

Our return address for **Illinois, Michigan, Wisconsin and Minnesota** is:

| | |
|---------------------------------|------------------------------|
| | WPS Electronic Data Services |
| | PO Box 5511 |
| | Marion, IL 62959 |
| For additional assistance, call | (877) 567-7261 |
| or Fax to: | (618) 998-5170 |