

# PC-Ace Pro32 Request

## For Windows



Send your request to:

Illinois, Michigan, Minnesota & Wisconsin  
 Fax to: 618-998-5170  
 Or mail form to:  
 Medicare Part B  
 Attn: EDI  
 PO Box 5511  
 Marion, IL 62959

Iowa, Kansas, Missouri, Nebraska  
 Fax to: 608-223-3824  
 Or mail form to:  
 Medicare Part B  
 Attn: EDI  
 PO Box 8128  
 Madison, WI 53708-8128

Submitter Name:	
Submitter Address:	
Submitter City, State, Zip:	
National Provider Identifier(s): <i>(Required for Approval)</i>	
Medicare PTAN(s):	EDI Submitter ID: <i>(WPS assigned, leave blank)</i>
Submitter Contact Person:	Edi Submitter Password: <i>(WPS assigned, leave blank)</i>
Submitter Phone:	Fax Number:
E-Mail address:	<b>All set up information will be sent to the email address given.</b>
<b>WPS Bulletin Board System must be accessed by a dial-up modem. It <u>cannot</u> be accessed by a DSL/Cable internet connection</b>	Please Select a Route of Submission Dial-up modem _____ IVANS _____ Ability (Visionshare) _____

**Please allow up to 10 days for processing**