

PC-Ace Pro32 Request

For Windows

(WPS Bulletin Board System cannot be accessed by a DSL/Cable connection)



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

PC-Ace Pro32 Submitter ID Request Form	
Submitter Name:	
Submitter Address:	
Submitter City, State, Zip	
National Provider Identifier(s): <i>(Required for test approval)</i>	
Medicare PTAN(s):	EDI Submitter ID: _____ <small>(WPS assigned, leave blank)</small>
Submitter Contact Person:	EDI Submitter Password: _____ <small>(WPS assigned, leave blank)</small>
Submitter Phone:	Fax Number:
E-Mail Address: _____	All set up information will be sent to the email address given.

Please allow 10 days for processing and handling.