

PC-Ace Pro32 Request

For Windows

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



Send your request to:

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

Minnesota
 Fax to: 952-885-2899
 Or mail form to:
 Medicare Part B
 Attn: EDI
 8120 Penn Ave S, Ste 200
 Bloomington, MN 55431

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.