

Provider Identification Numbers:

Multiple providers may be listed on this form if they are at the same location. To retrieve 276/277 for additional providers at different locations, please complete a separate authorization form for each additional provider number.

Provider Name	Provider Number	NPI Number

Provider Use Only:

Please sign below if your **facility** will be retrieving the Health Care Claim Status Request and Response (276/277)

I, _____ of _____ would like to
(Facility Contact Signature) (Facility Name)
receive 276/277's effective, _____.
(Date)

Corporate Office/Third Party Company/Clearinghouse Use Only:

Please supply the complete provider address.

Provider Address: _____

Facility Contact: _____ Phone Number: _____
(Printed Name) (Please include extension #)

This section needs to be signed an authorized facility representative if a third party company or clearinghouse will be retrieving the 276/277.

I, _____ of _____ authorize _____
(Facility Contact Signature) (Facility Name) (3rd Party/Clearinghouse Name)
to receive 276/277s on our behalf, effective _____.
(Date)

Please mail or fax this completed agreement to:

Medicare Part B Legacy: IL, MI, WI	Medicare Part B: MN	Medicare Part A & B J5: IA, NE, KS, MO
WPS Electronic Data Services	WPS Medicare Part B – MN	WPS
912 N. Pentecost Rd.	Attention: EDI Minnesota	Attention: EDI
PO Box 5511 Marion, IL 62959	8120 Penn Ave. S Bloomington, MN 55431	1717 W. Broadway Madison, WI 53713
Phone # (877) 567-7261	Phone # (952) 885-2811 # (952) 885-2881	Phone # (866) 503-9670
Fax : # (618) 998-5170	Fax: # (952) 885-2899	Fax: # (608) 223-3824