Authorization to Switch from Connect Mailbox to VisionShare for Electronic Media Claims (EMC) and/or Electronic Remittance Advices (ERA)

This form is intended to authorize the method in which data is electronically transferred, between your company and Wisconsin Physician Service, to be switched from Connect Mailbox to VisionShare. The change can not take effect until this form has been completed. Please submit this request only after you have established a connection with VisionShare. If you do not have a connection with VisionShare, they can be reached at 1-612-460-4327. This request will take up to twelve business days to complete. Please return the completed form, via fax, to 1-402-351-6188. **This form is not intended to add/delete providers you are currently sending/receiving files for or to change the billing software you are currently using to create your files.**

Please use this section to identify the company that will be switching connections from Connect Mailbox to VisionShare:

Provider: [ ] Corporate Office: [ ] Third Party Company/Clearinghouse: [ ]

If you are the provider, please list your provider number: _____

Submitter Name: _____

Submitter Street Address: _____

Submitter City/ State/ Zip: _____

Contact Person: _____ _____
(Printed Name) (Signature)

Contact Phone #: _____ Contact Fax #: _____

Contact Email Address: _____ Effective Date: _____
(Do not leave blank)

By signing this form, you authorize Wisconsin Physicians Service Medicare to change your connection from Connect Mailbox to VisionShare.

Please select the service(s)you would like to change and provide the applicable information:

Electronic Media Claims (EMC): [ ]

Tax ID/Submitter # (as it appears in the electronic claim file): _____

What software do you currently use to create your file? _____

Please list the UHAR Mailbox Logon ID for **EMC**: _____

Electronic Remittance Advices (ERA): [ ]

Please list the UHAR Mailbox Logon ID for **ERA**: _____

Please note: Once this request has been completed, we will terminate the applicable UHAR Mailbox for EMC and/or ERA. We will contact you once the change has been implemented. For assistance completing this form, please contact the EDI Department at 1-866-734-6656.