

IMPORTANT: Read the instructions before completing your applications. Incomplete or incorrect applications will be returned. The entity performing the billing must complete this form.

The purpose of the EDI Customer Profile is to enroll providers, billing services, clearinghouses and software vendors as electronic submitters and recipients of electronic claims data. **The entity (provider, billing service, clearinghouse, or software vendor) that will be billing directly to CIGNA Government Services must complete the EDI Customer Profile.**

In order to enroll a provider that is not already setup with CIGNA Government Services for electronic billing, all two (2) pages of the Customer Profile must be sent with all three (3) pages of the EDI Enrollment Form. You may access the EDI Enrollment Form at http://www.cignagovernmentservices.com/partb/forms/pdf/EDI_enrollment_form.pdf. Existing EDI billers may change or add information to their submitter profile by using the Part B EDI Customer Profile only.

Incomplete or incorrect applications will be returned. In order to complete the EDI application, both the provider PTAN number and NPI number are required. All complete applications are processed within 21 business days from the date the application is received. A letter containing the Submitter ID, EDI ID with initial password, and software (if applicable) will be mailed upon completion of the application.

The EDI ID and password act as an electronic signature, therefore the submitter would be liable if any entity performed an illegal action while using that EDI ID and password. Likewise, an EDI ID and password is not transferable, meaning that it may not be given to a new owner of the submitter's operation. New owners must obtain their own EDI ID and password.

The application tips and field descriptions listed below will aid in completing the form properly. For any additional questions, contact the EDI Helpdesk at 866.352.1608.

Field Descriptions		
Form Section	Form Field Name	Instructions for Field Completion
Section 1	Type of Request	Check the appropriate box for the entity that will be directly billing CIGNA Government Services.
	Effective Date	Indicate the date you would like the change to be effective (If future date desired, we will hold paperwork no more than 10 days in advance of initial date requested).
	Activate/Deactivate Features	Check the appropriate box for the activations or deactivations (if applicable) to be taken.

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CIGNA Government Services Part B EDI Customer Profile Instructions

Field Descriptions		
Form Section	Form Field Name	Instructions for Field Completion
Section 2	Submitter ID Number	The Submitter ID is used by the submitter to communicate with CIGNA Government Services electronically. For new EDI billers, leave this field blank, CIGNA Government Services will assign this ID. For existing EDI billers, enter the Submitter ID.
	Company Name	Enter the name of the entity (provider, billing service, clearinghouse, software vendor) that will actually be communicating electronically with CIGNA Government Services.
	Mailing Address	The mailing address of the submitter.
	City, State, Zip	The city, state, and zip code of the submitter.
	Contact Name	The name of the submitter's primary EDI contact. This is the person the EDI department will contact if there are questions regarding the application or future questions about their communications.
	Phone Number	The area code and phone number for the Contact Person listed.
	E-mail	The e-mail address for the Contact Person listed.
	Fax Number	The fax number for the Contact Person listed.
Section 3	Provider #s	Provide the Medicare group and individual provider PTAN issued by Medicare for each provider listed.
	NPI Numbers	Provide the 10 digit NPI Number issued by the NPI Enumerator for each provider listed.
Section 4	Connection Method	Indicate the connection method. Check only one method. If other is selected IVANS, VisionShare or NDM must be indicated. DSL and Cable connections are not valid methods of connection.
	Format	Indicate which electronic format will be sent.
	Billing Software	Indicate which software will be used. If Vendor Software is selected, you must complete Section 5.
Section 5	Company Name	Enter the name of the software vendor/trading partner you are using.
	Mailing Address	The mailing address for the software vendor/trading partner.
	Contact Name	The name of the software vendor's/trading partner's contact.
	Phone Number	The software vendor's/trading partner's phone number.
	E-mail	The software vendor's/trading partner's e-mail address.
	Fax Number	The software vendor's/trading partner's fax number.
Section 6	ERN	1st selection: Indicate the Mailbox number ERN's will be returned to (For Trading Partners that already have an assigned Mailbox number). 2nd selection: Request a Mailbox number be assigned to retrieve ERN's 3rd selection: To setup without or cancel ERN's (For Trading Partners that already have an assigned Mailbox number) 4th selection: To have a Mailbox number assigned without ERN's
Section 7	PPTN	Indicate the Vendor with Ivans or VisionShare.
Section 8	Provider Acknowledgement & Signature	Should be completed by Provider & signed by Authorized Official (i.e. CEO, Owner, Physician under Group PTAN).
Section 9	Additional Instructions	Indicate any additional instructions that are needed for your request.
Section 10	Form Submission Instructions	Instruction for mailing or faxing the completed applications.