

## ACS ELECTRONIC DATA INTERCHANGE (EDI)



Please Return Form to:  
ACS EDI Gateway, Inc.  
ATTN: EDI Enrollment Unit  
P O Box 4936  
Helena, MT 59604  
or Fax Form to 1-406-442-4402



### Provider ACS EDI Gateway Authorization Form For Billing Agents/Clearinghouses

#### Section A. Provider Information

Please indicate your classification (**Required**):  Individual Provider  Group Provider/Practice

Business Name

Provider Name (Last, First, MI and Suffix)

Provider Number (Required for Individuals)

Group Provider Number (Required for Groups)

Business Address

City, State, and Zip

Telephone Number

Fax Number

Contact Name

E-mail Address

#### Section B. Authorization Signature (**Required**)

Provider, \_\_\_\_\_ hereby appoints  
*Provider name /Provider Representative name (please print)*

Lindsay Technical Consultants, Inc., 8078412  
*Billing Agent/Clearinghouse name (please print) Billing Agent/Clearinghouse ACS Trading Partner/Submitter ID*

to act as the authorized agent for the purpose of submitting health care transactions electronically to ACS EDI Gateway, Inc.  
Provider also authorizes the Billing Agent/Clearinghouse's access to the following X12N transaction responses if selected below:

- 271-Eligibility Response     277-Claims Status Response     278-Prior Authorization Response  
 824-Error Report     834-Benefit Enrollment     835-Healthcare Claims Payment Advice

\_\_\_\_\_  
*Provider/Provider Representative name (Please print)*

\_\_\_\_\_  
*Provider/Provider Representative Signature*

\_\_\_\_\_  
*Date*

ACS EDI Gateway, Inc. P O Box 4936 Helena, MT 59604  
1-800-833-2051 (Phone) 1-406-442-4402 (Fax)  
[www.acs-gcro.com](http://www.acs-gcro.com)