

Requesters Contact Name: _____

Requesters Phone #/Email Address: _____

Provider Authorized Requestor Name: _____

Authorized Signature: _____ Date: _____

If you add an additional service location in the future and wish to receive ERA for this new location, please contact WPS Electronic Data Services at 1-800-782-2680.

ERA RECEIVER INFORMATION

Who will be receiving your ERA? Please check one.

Direct _____

Billing Service _____

Clearinghouse X _____

Billing Service/Clearinghouse Name: Lindsay Technical Consultants, Inc.

Contact Name: Gary Lindsay

Contact Phone#: 507-947-3070

Contact Email address: info@lindtech.com

Electronic Claim Payment/Advice Receiver # (assigned by WPS): 10726

Effective Date: _____

Due to HIPAA requirements, only one submitter ID per provider number may be established for ERA. The submitter ID on this request will be the only recipient of ERA for the provider(s) listed.

A faxed copy or original will be accepted. Please mail or fax your completed agreement to:

Electronic Data Services
Wisconsin Physicians Service
P.O. Box 8128
Madison, WI 53708-8128

Fax (608) 223-3824

