



WPS COMMERCIAL PROVIDER AUTHORIZATION FOR WPS ELECTRONIC REMITTANCE ADVICE

Due to privacy regulations, this request must be submitted by the provider's office or authorized billing agent.

*Check all lines of business that apply:

WPS Commercial _____ MCDA _____ CCCW _____ HIRSP _____

Southwest Family Care Alliance _____

*NOTE - TRICARE providers should use the appropriate TRICARE ERA request form.

The only version of electronic remittance available is 4010A1.

ERA PROVIDER INFORMATION

*PROVIDER/FACILITY NAME: _____

*PROVIDER/FACILITY TAX ID: _____

List below NPI's and correlating physical location requesting an electronic remittance advice (**attach additional sheet if necessary.**)

<u>GROUP NPI</u>	<u>*PHYSICAL LOCATION</u>	<u>*ASSOCIATED BILLING LOCATION</u>
1. _____	_____	_____
	_____	_____
	_____	_____
2. _____	_____	_____
	_____	_____
	_____	_____
3. _____	_____	_____
	_____	_____
	_____	_____
4. _____	_____	_____
	_____	_____
	_____	_____

If you add an additional service location in the future and wish to receive ERA for this new location, go to our EDI web site at http://www.wpsic.com/edi/pdf/edi_ern_wps.pdf download another form.

*REQUIRED



ERA REQUESTER INFORMATION

*Requesters Contact Name: _____

*Requesters Phone #/Email Address: _____

*Provider Authorized Requestor Name: _____

*Authorized Signature: _____ *Date: _____

ERA RECEIVER INFORMATION

Who submits your EDI claims?

*Submitter #: _____

*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 # (5 digit # assigned by WPS): 10726

If you don't know your Clearinghouse Receiver ID, contact your Clearinghouse.

If you don't use a Clearinghouse and you don't know your submitter ID, Contact WPS.

*Date to begin ERA: _____

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.

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

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

Fax (608) 223-3824

***REQUIRED**

