



Capario Enrollment
1901 E. Alton Ave. #100
Santa Ana, CA. 92705
Phone: (800) 792-5256 Option 1
Fax: (404) 877- 3324
provider.enrollment@Capario.com

Payer Agreement Instructions for District of Columbia Medicaid (MC088)

To enroll with this payer complete and send the payer agreement directly to ACS EDI Gateway, Inc. In addition please complete and send the Capario Provider Enrollment Form to our EDI Team. Specific instructions for this Payer are shown below.

If you are a Capario customer then complete the Payer enrollment process BEFORE submitting claims to Capario for this Payer.

If you are not yet a Capario customer please contact Capario sales at: ProviderSales@Capario.com or 800-586-6870.

Guidelines for Enrolling with this Payer

1. Fax or Mail the Washington, D.C ACS EDI Submitter Enrollment Form to:

ACS
Attn: Technical Support/Enrollment
PO Box 34734
Washington DC 20043-4761
Fax: 202) 906-8399

2. Fax or Mail the Capario Provider Enrollment Form to:

Fax: (404) 877-3324
EDI Team
Capario
1901 E. Alton Ave. Suite 100
Santa Ana, CA. 92705

To obtain the Capario Provider Enrollment Form, go to:
www.capario.com/services/resource_center/enrollment_instructions.html

Questions? Contact Capario Enrollment at: (800) 792-5256 Option 1

Washington, D.C. ACS EDI Submitter Enrollment Form



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Washington DC 20043-4761
Or fax to: 202-906-8399



Provider Billing Agent/Clearinghouse ACS EDI Gateway, Inc. Authorization Form

Section A. Provider Information.

Please indicate your classification (**required**): ρ Individual Provider ρ 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)

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:

ρ 277-Claims Status Response

ρ 271-Eligibility Response

ρ 824-Error Report

ρ 835-Healthcare Claims Payment Advice

ρ 278-Prior Authorization Response

Provider/Provider Representative name (Please print)

Provider/Provider Representative Signature

Date