

Administrative Services Only, Inc.

Electronic Data Interchange Enrollment Agreement

This agreement is between "Provider," a licensed provider or supplier of health services, and Administrative Services Only, Inc. (ASO), as to rights and obligations pertaining to automated submission and processing of ASO claims, claims status requests, and eligibility, as follows:

1. The Provider agrees that it will be responsible for all Protected Health Information (PHI) exchanged with ASO by itself, its employees, or its agents.
2. The Provider agrees that it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
 - Beneficiary's name
 - Beneficiary's member ID number
 - Date(s) of service
 - Procedure/service performed
3. ASO, its agents and subsidiaries, shall have the right to audit and confirm any information submitted by Provider or its billing service, and shall have access to and may obtain copies of all original source records and medical records related to any claim, at no cost to ASO, including patient authorizations. Any incorrect payments that are discovered as a result of such an audit will be adjusted as may be appropriate according to applicable ASO procedures.
4. The Provider shall research and correct any and all billing discrepancies attributable to Provider or its billing service and use due diligence in reviewing reconciliation documents.
5. The Provider shall ensure that every automated bill is capable of being associated and identified with a source record and a patient authorization in such form as may be required by ASO.
6. The Provider shall maintain all original source records, authorizations and medical records pertaining to any particular claim for a period of six (6) years following the month of payment or rejection by ASO. In the event of an audit, the Provider shall fully comply with requests for documentation associated with submitted claims, either pending or finalized.
7. The Provider shall repay ASO for all payments made for services not supported by source documents and medical records.
8. The Provider shall submit bills in accordance with ASO rules and regulations at the time and accept full responsibility for knowledge of said policies.
9. The Provider shall accept responsibility for all claims submitted to ASO by Provider, its billing service or any other agent.
10. The Provider is responsible for the conduct of any billing service involved in a case where claims are submitted through or by such billing service.
11. The Provider shall use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.

Initial _____ Date _____

**PROVIDER AGREEMENT FOR ADMINISTRATIVE SERVICES ONLY, INC.
ELECTRONIC CLAIMS SUBMISSION**

This agreement shall be terminated without prior notice by Administrative Services only, Inc. if abusive and/or fraudulent billing practices are uncovered.

I agree to comply with the above requirements:

Signature: _____

Date Signed: _____

Provider Name: _____
(Please Print Name)

Group Name: _____
(If applicable)

Provider Address: _____

Telephone Number: _____

Specialty: _____

Tax ID Number: _____

License number: _____

Vendor name: . _____

CHECK ONE:

New Submitter/Provider
Return Submitter Action Request Form

Joining an Existing Submitter
Existing Submitter ID #: _____

Initial the first page of this Agreement and complete this page. Fax both pages to 1-877-414-4069, Attention Provider Relations.

For assistance please call Provider Relations at 516-394-9494.