



**Department of Labor-OWCP  
ELECTRONIC DATA INTERCHANGE**



PLEASE INDICATE YOUR CLASSIFICATION:

Software Vend       Switch Vend       Provider       Clearinghouse       Billing Agent

A1. Please indication classification information.	
Submitter/Vendor/Provider Name:	
Address:	
City, State, Zip:	
Telephone #:	FAX #:
Provider Number:	EIN:
Group Provider Number:	EMAIL ADDRESS:
Provider Specialty:	
A2. Please indicate contact information, if different from Submitter/Vendor/Provider Information in Section A1.	
Contact Name and Title:	
Business Address:	
City, State, Zip:	
Phone Number:	Fax Number:
Email Address:	
A3. If you have indicated that you are a Software Vendor in section A1, please provide the following information:	
Software Name:	Software Version:      Protocol:
Do you currently have clients submitting to ACS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A4. Electronic Submission Method	
Submitter Type:	<input type="checkbox"/> Vendor Software <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Agent
Format Type:	<input type="checkbox"/> Proprietary <input type="checkbox"/> X12N
Transaction Type:	<input type="checkbox"/> Professional <input type="checkbox"/> Dental <input type="checkbox"/> Institutional <input type="checkbox"/> HCFA <input type="checkbox"/> UB
Submission Method:	<input type="checkbox"/> WEB <input type="checkbox"/> NDM <input type="checkbox"/> ASYNC
A5. Electronic Report Retrieval	
Are you interested in retrieving your transaction electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who will retrieve your reports? <input type="checkbox"/> You <input type="checkbox"/> Billing Agent <input type="checkbox"/> Clearinghouse	
Which reports would you like to access electronically? <input type="checkbox"/> Functional Acknowledgement (997) <input type="checkbox"/> Healthcare Claim Payment Advice (835)	

**Please return complete forms via Mail or FAX to: (850) 201-1718  
ACS ENROLLMENT DEPARTMENT  
US Department of Labor  
OWCP  
P.O. Box 8300  
London, KY 40742-8300**

**(Incomplete forms will cause a delay in processing and are subject to return).**