



AVAILITY ENROLLMENT FORM

PAYER ID: TREST

PAYER NAME: TRICARE EAST

Enrollment Instructions:

To begin enrollment click on the link below and follow the enrollment instructions.

<https://edi.wpsic.com/edir/home>

Electronic Transaction Enrollment

| Click on PROVIDERS

WPS HEALTH SOLUTIONS | **EDI Express Enrollment**

Electronic Transaction Enrollment

Are you a healthcare provider?

PROVIDERS Yes I am a healthcare provider Enroll Now	AGENCY & VENDORS No I am not a healthcare provider Enroll Now
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Electronic Transaction Type

- For **institutional** claims click on 5010 837 Institutional Claim Inbound (UB-04)
- For **professional** claims click on 5010 837 Professional Claim Inbound (CMS1500)
- For **ERAs** click on Electronic Remittance Advice (5010 835)
- For **EFTs** click on Electronic Funds Transaction (EFT)



Electronic Transaction Type

For which electronic transaction do you want to enroll?

EFT

Electronic Funds Transaction (EFT)

ERA

Electronic Remittance Advice (5010 835)

EDI

5010 837 Institutional Claim Inbound (UB-04)

5010 837 Professional Claim Inbound (CMS 1500)

5010 270/271 Eligibility - Batch

5010 270/271 Eligibility - Real time

5010 275/277 Claim Status - Batch

5010 275/277 Claim Status - Real time

Electronic Transaction Type

Enter Availity's Trading Partner ID (70000)



Clearinghouse/Billing Agency

Have you chosen a clearinghouse/billing agency?

If Yes - Confirm with your clearinghouse/billing agency which trading partner ID you should be using and provide it below.

Trading Partner ID

70000

Validate

I use a clearinghouse/billing agency but I haven't chosen an agency yet

I Don't use a clearinghouse/billing agency

Insurance & Benefits

Select Tricare East



EDI Express Enrollment

Insurance & Benefits

For which type of benefit or insurance are you enrolling?

WPS HEALTH INSURANCE



Arise Health Plan



Aspirus Arise



Family Care



WPS Health Insurance

WPS GOVERNMENT WORK ADMINISTRATORS

J5 MAC Part A



- Iowa JS A
- Kansas JS A
- Missouri JS A
- Nebraska JS A
- Nebraska JS B

J5 MAC Part B



- Iowa JS B
- Kansas JS B
- Missouri JS B
- Nebraska JS B

J8 MAC Part A



- Indiana JS A
- Michigan JS A

J8 MAC Part B



- Indiana JS B
- Michigan JS B

WPS MILITARY AND VETERANS BENEFIT



TRICARE Overseas



TRICARE For Life



TRICARE East



VAPCS - Region 3



VAPCS - Region 3A



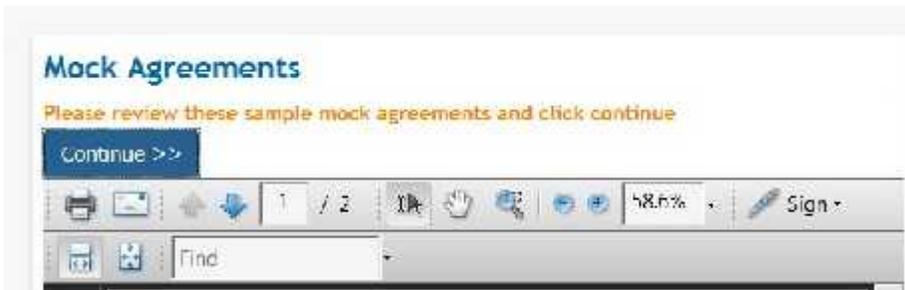
VAPCS - Region 3B



VAPCS - Region 5

Mock Agreements

Click Continue



Healthcare Provider Information

Enter Contact and Clearinghouse Information

A screenshot of a web application form titled "Healthcare Provider Information". The form asks "What is your contact information?" and is divided into two columns: "Contact Information" and "Clearinghouse Information". Each column contains several input fields for text entry. A blue "Next" button is located at the bottom right of the form.

Contact Information	Clearinghouse Information
Contact First Name First Name	Clearinghouse Company Name Availity LLC
Contact Last Name Last Name	Clearinghouse Contact First Name Enrollment
Contact Job Title Title	Clearinghouse Contact Last Name Department
Contact Phone Number (999)999-9999	Clearinghouse Contact Job Title M/A
Extension Extension	Clearinghouse Contact Phone Number 8002824548
Contact E-Mail Address johndoe@example.com	Clearinghouse Extension Extension
Confirm Contact E-Mail Address confirm e-mail	Clearinghouse Contact E-Mail Address aaenrollment@availity.com
	Confirm Contact E-Mail Address aaenrollment@availity.com

Healthcare Provider Information

) Enter Provider Information



Healthcare Provider Information

What is the name of your business?

Business Name

What is the physical address of your business?

Street Address

City

State/Province

ZIP Code

Date You Would Like to Begin Receiving This Transaction

mm/dd/yyyy

Next

Healthcare Provider Information

) Enter Billing Tax ID and NPI
) Click Submit

Healthcare Provider Information

What is your provider specific information

What is your Billing/Group Tax Identification Number?

Tax ID (Required)

What is your billing or group NPI?

NPI (Optional)

Submit

NOTE: If a specific NPI is not provided, all NPIs related to the provided Tax ID will be set up using the information provided in this request.

Required: Submission of this form indicates the enrollment instructions have been completed. This includes sending confirmation to your software vendor to complete enrollment.

Questions: Email WPS at communitymanager@wpsic.com or call 800-782-2680 (option 1)