-Plexus
Solutions

INSTRUCTIONS: ELIGIBILITY SETUP FORM	
NOTE: Fields indicated with an asterisk (*) are **required**.	
*** Section 1: Access Method**	
Please select the ONE access method in which you would like to setup under to send requests and receive your returns.	
Section 2: Account Information	
*** Practice/Facility Name**	Indicate the name of the facility that you will be sending Eligibility requests under.
*** Address**	Indicate the address for the facility that will be sending Eligibility requests.
*** Phone/Fax**	Enter the phone number and fax number for the facility.
*** Tax ID**	Enter the identification number you are credentialed under for tax purposes.
*** Billing NPI**	Enter the NPI (National Provider ID) that your facility is recognized under by the insurance companies
IP Address	This field is only required for use with clients who select the access method of Enhanced Batch w/ Website. Enter the IP Address that will be used to connect to our FTP Server.
Billing Level Practice Identification Numbers: fields noted as required in the following fields are only required if you wish to gain access to that carrier for Eligiblity. Only enter carriers that have assigned you a billing or individual ID and require a billing or Individual ID/NPI on Eligibility requests.	
*** Payer Type**	Select the payer type name. If the payer type you wish to send is a commercial carrier and/or is not on the drop down list, please select 'Other'.
Payer Name (if Other)	This field should be used only if the payer type has been indicated as 'other'. For example, if there is a commercial carrier that requires enrollment or setup, you will indicate 'other' in the payer type field and the name of that carrier in this field.
*** Billing PTAN**	Enter the legacy billing ID assigned to the facility when credentialing with the carrier. This is the ID that the facility is recognized under at the carrier site.
Billing NPI	This field should only be used if there is a different billing NPI for one or more carriers. Enter the billing NPI that the facility is recognized under for each specific carrier.
State	Enter the state code for each payer entry that is state specific (e.g, Medicare, Medicaid, BCBS)
Section 3: Account Login	
This section should ONLY be used if you are signing up for Eligibility ONLY. Otherwise, we will use the same account login you currently have on file for Claims and/or Statements Line of Business.	
Account Username	Indicate the username you would like to use to access your account. The username must be at least 3 characters in length, cannot be the same value as the password, should not contain any special characters (e.g, /, *, $, #, etc), and all alpha characters will be setup in lowercase letters only.
Account Password	Indicate the password you would like to use to access your account. The password must be at least 3 characters in length, cannot be the same value as the username, should not contain any special characters (e.g, /, *, $, #, etc), and all alpha characters will be setup in lowercase letters only.

Section 4: Completed Forms
This section provides you with the contact information to send your completed form so that the setup process may begin.
*** Section 5: Signature**
This section is required. A signature (either electronic or hand written) must be received on the setup reflecting that you agree to the terms of the setup form. We cannot process your setup if this section is incomplete.
Additional Information
1. Within **4 business hours** of receiving the setup form, an Implementations Representative will contact you to **confirm receipt**, provide you with important information regarding your setup process, and to provide you with their direct contact information. 2. Setup **turnaround time** is dependant upon the complexity of the setup requested, the number of setups in the current queue ahead of yours, and most importantly on the accuracy of the data provided on your setup form. However, standard turnaround time for any given setup is between **3-5 business days** for Website, **5-7 business days** for Real-Time Web Service, and **2-3 weeks** for Enhanced Batch w/ Website. Should this time frame be delayed, the reason for delay will be communicated to you through you assigned Implementations Representative. 3. Any necessary payer required **enrollment forms** will be supplied to clients on an as needed basis and will be accompanied by the necessary instructions to complete and forward these documents as required.