



# WorkCompEDI, Inc. WorkComp Clearinghouse - Profile Worksheet

**Office Information:**  
 Practice Name: \_\_\_\_\_  
 Principal Doctor's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
 Contact Name/Title: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Solo Practice: \_\_\_\_\_ Group Practice: \_\_\_\_\_ (Please Check One)

**System Specifications:**  
 Practice Management Software: \_\_\_\_\_ Version: \_\_\_\_\_  
 Operating System:  Windows Vista  Win 95/98/ME  Win NT/2000/XP  DOS  
 UNIX  Other: \_\_\_\_\_  
 Modem is located on:  Workstation  Server  
 Modem Type:  Dial-Up  Cable  ISDN  DSL  T1  
 Internet Capability:  YES  NO CD-ROM Drive:  YES  NO

**Provider Information:**

Provider Name: \_\_\_\_\_ State of Licensure and Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Taxonomy Code: \_\_\_\_\_

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 Social Security Number: \_\_\_\_\_ Taxonomy Code: \_\_\_\_\_

**Other Information:**

Are you looking to submit claims/bills for  ALL PAYORS  WC PARTICIPATING PAYORS ONLY  
*(If select this option, skip pages 2 & 3)*  
 How did you hear about WorkCompEDI? \_\_\_\_\_  
 Is your office currently submitting electronic claims? \_\_\_\_\_ If YES, with what Clearinghouse? \_\_\_\_\_

**Authorization Signature:**

\_\_\_\_\_  
 Signature Date Print Name Title



WorkCompEDI, Inc.
WorkComp Clearinghouse - Billing Information

Office Information:

Practice Name: \_\_\_\_\_
Tax ID: \_\_\_\_\_

Credit Card Information

Credit Card [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
CSC Number (3 or 4 digit security number found on front or back of card): \_\_\_\_\_
Company Name on Card: \_\_\_\_\_
Individual Name on Card: \_\_\_\_\_
Signature of Card Holder: \_\_\_\_\_
Responsible Party Last Name: \_\_\_\_\_
Responsible Party Email Address: \_\_\_\_\_
Billing Address Street: \_\_\_\_\_
Billing Address City / State / Zip: \_\_\_\_\_

Authorization Signer

Signature Date Print Name Title



**WorkCompEDI, Inc.  
WorkComp Clearinghouse  
Group Health Provider ID Registration**

WC Customer #: \_\_\_\_\_

**\*\* ONLY NECESSARY IF SUBMITTING GROUP HEALTH CLAIMS –  
OTHERWISE, DO NOT COMPLETE \*\***

<b>Provider Information</b>			
Practice Name: _____			
Principal Doctor's Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Fax: _____	Tax ID: _____	
Contact Name/Title: _____		Email Address: _____	

**\*\*\* PLEASE NOTE: it is your responsibility to provide correct #'s & coordinate changes with WCEDI \*\*\***

Medicare Participating Provider Assignment (HCFA Box 27) _____ Y or _____ N	<b>FOR USE BY WCEDI ONLY</b>			
	Forms to Payors	Ready to Transmit	Submitter ID#	Comments
Medicare ID#: _____				
Upin: _____ Grp #: _____				
Medicaid ID#: _____				
Grp #: _____				
BC/BS ID#: _____				
Grp #: _____				
Champus/VA ID#: _____				
RR Medicare ID#: _____				
EIN/Tax ID#: _____				
SS#: _____				

**Commercial Payors: (Use only if Payor assigns unique #):**

Payor Name & Code	_____	_____	Provider ID#	_____
Payor Name & Code	_____	_____	Provider ID#	_____
Payor Name & Code	_____	_____	Provider ID#	_____
Payor Name & Code	_____	_____	Provider ID#	_____

Provider Specialty: \_\_\_\_\_ Specialty Lic #: \_\_\_\_\_

CLIA#: \_\_\_\_\_ Dentist Lic #: \_\_\_\_\_ Anesthesia Lic #: \_\_\_\_\_



# WorkCompEDI, Inc. WorkComp Clearinghouse Software Agreement Worksheet

This is a **LICENSE** from WorkCompEDI ("WCEDI") to the practice named below ("Customer"), identified as:

Practice Name: \_\_\_\_\_ Principal Doctor's Name: \_\_\_\_\_

**By installing, copying or otherwise using the WCEDI software, the Customer agrees to be bound by the terms and conditions of this agreement. If the Customer does not agree to these terms and conditions, do not install, copy or use the WCEDI software.**

WCEDI grants the Customer a license to use the WCEDI software for the sole purpose of recording, transmitting and/or receiving electronic data interchange transactions.

WCEDI will send electronically, all bills submitted by the Customer through the WCEDI software to the appropriate insurance carrier, directly or through affiliated clearinghouses, subject to limitations set by said insurance carriers and subject to electronic connection availability to carriers by WCEDI. All other bills will be printed to paper and mailed to the appropriate carrier via first class mail or faster.

WCEDI is not responsible for the insurance carrier processing of any dental or medical bills. No promise or guarantee exists between WCEDI and the Customer as to the time elapsed for processing of any bills by any carrier, nor that the carrier will process any bill in electronic or paper format.

WCEDI is not responsible for the rejection of or the cost of processing of bills due to incorrect or incomplete bill information provided by the Customer. WCEDI or its personnel cannot change, add to or delete any bill data submitted to it by the Customer (except that it may remove any zero fee procedure code). Any errors must be corrected by the Customer and resubmitted.

The Customer agrees that the Customer will only use WCEDI software for lawful purposes and any bill information or data submitted by the Customer to WCEDI or insurance carriers through WCEDI is legally within the Customer's control and the Customer has any and all necessary permissions to submit said bills, data or information.

The Customer understands that in some cases WCEDI systems utilize databases containing information regarding patient eligibility and coverage. The accuracy of any such information is the responsibility of the insurance carriers. WCEDI does not take responsibility for any inaccuracies as long as WCEDI has acted in good faith and without gross negligence. The Customer is responsible for the information supplied to the insurance carriers. WCEDI has no responsibility to the Customer or the Customer's patients for any incorrect information supplied by the Customer or the insurance carriers. The information provided by the Customer will be subject to periodic post payment audits by the insurance carriers. The insurance carriers have the right to review and copy the Customer's records and related billing information, pursuant to any agreement between the Customer and the insurance carrier. A copy of this Agreement is available to WCEDI payers at their discretion; credit card information will not be disclosed.

Current federal guidelines, as stated by the US Department of Health and Human Services, and outlined within the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations, allow for the assignment and recognition of a "Business Associate" relationship, such as the one outlined in this agreement, between two organizations, whereas one of the organizations is able to perform certain functions and services for the other organization, as required by federal and state regulations, so as to facilitate compliance with said regulations. WCEDI uses technical safeguards to ensure the privacy and integrity of all information transmitted to or from its system. Such safeguards include password protection, data encryption, connection monitoring and input/output verification. All WCEDI staff receive training in the proper ways to use personally identifiable healthcare information and execute a confidentiality agreement to that end.

WCEDI agrees to perform said functions and services as stated herein for the Customer so as to enable the Customer to comply with regulations promulgated under HIPAA, specifically pertaining to data collection and secure transfer between the Customer and WCEDI as well as WCEDI and third-party entities and insurance carriers, on behalf of the Customer, using specifically mandated data content and format. Should either state or federal regulatory bodies change existing guidelines during the term of this agreement so as to negate the relationship between the Customer and WCEDI, or cause said understanding of the relationship by both parties to become invalid, both parties shall work in good faith to re-address and re-define their relationship so as to become compliant in an expedient and timely manner.

**WCEDI will bill the Customer at the rate fifty cents (\$0.50) per bill submitted, and reserves the right to offer free (\$0) bill submission to any insurance carrier WCEDI deems advantageous. WCEDI reserves the right to change fees charged by giving the Customer thirty (30) days advance notice.**

**WCEDI will debit to the Customer's valid credit card the sum of one hundred dollars (\$100.00) at the beginning of the agreement and utilize and deduct from this amount the per bill fees referenced above. When the account credit balance reaches ten dollars (\$10.00) or less, then WCEDI will debit the Customer's credit card the sum of one hundred dollars (\$100.00). This process will continue until such time as the Customer ceases to use the WCEDI software and this agreement is terminated. If the credit card carrier rejects or the Customer disputes these charges, then at WCEDI discretion, the Customer's electronically transmitted bills may be held without forwarding to the insurance carriers, until such time as the Customer makes payment to WCEDI in the form of cash, check or valid credit card.**

WCEDI will provide a monthly statement, transmitted electronically through the WCEDI software or as determined by WCEDI, that details all charges to the Customer during the prior month.

WCEDI may provide software updates from time to time at a nominal charge to cover duplication and shipping. WCEDI reserves the right to prevent a Customer from using the WCEDI software to submit bills if the Customer does not maintain current WCEDI software.

The WCEDI software is owned by and shall remain the exclusive property of WCEDI. This agreement only provides a single use license to use the software. All trademarks, service marks, copyrights and trade secrets are the property of WCEDI and all rights are reserved.

To the maximum extent permitted by applicable law, WCEDI provides to the Customer the WCEDI software as is and hereby disclaims all warranties whether express or implied as to the functionality, security (unless within reasonable control of WCEDI) and integrity of WCEDI software. While WCEDI uses reasonable care to protect the integrity of any transmitted or stored data, events outside of the direct control of WCEDI (e.g., viruses, power fluctuations, or external software interactions) cannot be warranted, nor will WCEDI be liable for any damage or corruption of said data or software.

Customer shall hold harmless, indemnify and reimburse WCEDI and its affiliates for any and all claims, judgments, liabilities or costs, including attorney's fees, which arise out of or are incurred in connection with providing services under this agreement relating to bill processing on behalf of the Customer. The maximum liability of WCEDI in any event for any claim is the fees charged by WCEDI for said claim or bills, not to exceed the average of any three consecutive months of service charges.

From time-to-time, WCEDI may send unsolicited faxes to the Customer in order to provide information regarding our services, products and/or informational updates. Acceptance of this Agreement indicates the Customer's willingness to receive said materials.

**I understand and agree to the aforementioned terms and conditions:**

DATE: \_\_\_\_\_ CUSTOMER (principal doctor's signature): \_\_\_\_\_