



# ZirMed®

ZirMed Enrollment Department  
P.O. Box 969  
Louisville, KY 40201-0969

\*\*\* Please note that this cover sheet is page one of the document. When following the below instructions please make sure you are counting the cover sheet as page one and not going by the page numbers on the agreement.\*\*\*

## Medicaid of Texas (SKTX0)

### Instructions for Completing Agreement:

1. Provider or Authorized person must sign, print date and print title where indicated on Page 2 of the agreement.
2. Once step one is complete, please return agreement to ZirMed via fax to (502) 779-9499 or email to [enrollment@zirmed.com](mailto:enrollment@zirmed.com).

# Electronic Remittance and Status (ER&S) Agreement

**Before your ER&S Agreement\* can be processed, you MUST choose ONE of the following:**

\* These changes affect ONLY the ELECTRONIC version of the Remittance & Status Report. To make changes to the PAPER version of the R&S report, contact TMHP Provider Enrollment.

- Set up **INITIALLY** (first time). Use Production User ID\*: \_\_\_\_\_ (9 digits)
- CHANGE** Production User ID FROM: 345471169 (9 digits)  
TO: 146173421 (9 digits)
- REMOVE** Production ID Remove: \_\_\_\_\_ (9 digits)

\*\* The **TMHP Production User ID** (Submitter ID) is the electronic mailbox ID used for downloading your Electronic Remittance & Status (ER&S) reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.

**This information MUST be completed before your request can be processed.**

<u>WISE COUNTY EMS</u>	<u>088232601</u>	<u>756001203</u>
<small>Provider Name (must match TPI/NPI number)</small>	<small>Billing TPI Number</small>	<small>Provider Tax ID Number</small>
<u>PO BOX 941608 HOUSTON TX 77094</u>	<u>1891700753</u>	<u>7135594994</u>
<small>Provider's Physical Address</small>	<small>Billing NPI Number</small>	<small>Provider Phone Number</small>
<u>Richard Klemme</u>	<u>Client Services</u>	<u>7135594994</u>
<small>Provider Contact Name (if other than provider)</small>	<small>Provider Contact Title</small>	<small>Contact Phone Number</small>

**Do not complete this block UNLESS the ER&S will be downloaded by anyone OTHER than the provider.**

<u>ZirMed Inc</u>	<u>877-494-7633</u>
<small>Name of Business Organization to Receive ER&amp;S</small>	<small>Business Organization Phone Number</small>
<u>Enrollment Representative</u>	<u>877-494-7633</u>
<small>Business Organization Contact Name</small>	<small>Business Organization Contact Phone No.</small>
<u>888 W Market Street, Ste 400 Louisville KY 40202</u>	<u>611358935</u>
<small>Business Organization Address</small>	<small>Business Organization Tax ID</small>

**Check each box after reading and understanding the following statements.**

*If you are unsure about anything that is stated below, contact the TMHP EDI Help Desk at (888) 863-3638.*

*All three statements must be checked before we can process your Electronic Remittance & Status Agreement.*

- I (we) request to receive Electronic Remittance and Status information and authorize the information to be deposited in the electronic mailbox as indicated above. I (we) accept financial responsibility for costs associated with receipt of Electronic R&S information.
- I (we) understand that paper formatted R&S information will continue to be sent to my (our) accounting address as maintained at TMHP until I (we) submit an Electronic R&S Certification Request form.
- I (we) will continue to maintain the confidentiality of records and other information relating to recipients in accordance with applicable state and federal laws, rules, and regulations.

X For: Wise County, TX [Signature] 01/28/12  
Provider Signature Date

X County Surge 8667245995  
Title Fax Number

**DO NOT WRITE IN THIS AREA — For Office Use**

Input By: \_\_\_\_\_ Input Date: \_\_\_\_\_ Mailbox ID: \_\_\_\_\_  
Effective Date 07302007/Revised Date 06012007

