Ace Property & Casualty Ins. Company Medicare Supplement (Remits Only)
835

EDI Enrollment Instructions:

- Complete the enrollment using the provider's billing/group information as credentialed with this payer.
- ERA enrollment processing timeframe is approximately 14 business days.
- Online enrollment through the payer's website is required. For assistance with the online enrollment, please contact the payer at ProviderRelationsUnit@iasadmin.com or (727) 584-0007 ext 2167.
- EFT enrollment is required to receive ERAs from this payer.
- The payer enrolls providers by Tax ID. You will only need to register a User ID once per Tax ID.

835 Electronic Remittance Advice:

- Complete enrollment at https://service.iasadmin.com/ae
- Click 'Don't have a User ID' on the left side of the screen, then click the box labeled 'Provider.'
- Complete all required fields under the 'Profile Information' and 'User Details' headings, then click 'Continue.'
- Check the box under the 'HIPPA Transactions' heading and complete all required fields under the 'EDI Information' heading. Click 'Next.'
- Check the box for 'I would like to do ERA & 835 Transactions' then click 'Next.'
- Complete all required fields under the 'Data Element Group 1' and 'Data Element Group 7' headings.
  - Trading Partner ID: 611340767
  - Provider Type: Clearinghouse
- Complete all required fields under the 'Data Element Group 3' and 'Data Element Group 7' headings.
  - Choose 'Clearinghouse' as the Method of Retrieval.
- Complete all required fields under the 'Data Element Group 8' heading.
  - Clearinghouse Name: ZirMed
  - Clearinghouse Contact Name: Enrollment Representative
  - Telephone Number: 877-494-7633
  - Email Address: enrollment@zirmed.com
- Under the 'Authorized Signature' heading, choose 'Electronic' from the dropdown menu. Complete all required fields, then click 'Next.'
- Check the boxes for 'I have read the Trading Partner Agreement' and 'I have reviewed the EFT/ERA Application.' Input the displayed code in the designated field, then click 'Finish and Electronic Signature.'
  - You must attach a Voided Check or Bank Letter, and a W9.
- Once you have completed the online registration, you will receive an email from webmaster@iasadmin.com. This email will contain a link that you must follow to finalize your registration. Without doing so, your enrollment will be incomplete.

Date on-line enrollment completed: _____

Provider Name/NPI/TIN: _____

Submit Completed Document:

Submit any forms and this cover page to **ESH@claimremedi.com**

eSolutions Enrollment Team will complete the enrollment.