

## 835 ELECTRONIC REMITTANCE

 **MEDICAID** **ENCOUNTER** **CHARITY CARE****SECTION A: FISCAL AGENT USE ONLY**

PROVIDER #: \_\_\_\_\_ SUBMITTER NAME: \_\_\_\_\_ SUBMITTER #: \_\_\_\_\_

Authorized for HIPAA EDI REMITTANCE on: \_\_\_\_\_ Medicaid Submitter ID: \_\_\_\_\_

Authorized by: \_\_\_\_\_ DOCTYPE: EMCAGREE

**SECTION B: PREFERENCES**01) 835 Media Preference (check only one):  Internet  CD-ROM  CartridgeI \_\_\_\_\_ hereby authorize Quality Systems INC to receive my electronic  
02) (Provider Name print) 03) (Submitter Name print)remittance information as of \_\_\_\_\_. I understand this electronic information contains Patient Health Information (PHI)  
04) (Date)

and have taken the necessary steps with the parties named on this document to maintain the confidentiality of all PHI data.

05) \_\_\_\_\_ 06) \_\_\_\_\_ 07) \_\_\_\_\_  
(Provider's Signature) (Date) Medicaid Provider ID

08) PROVIDER NAME: \_\_\_\_\_

09) PROVIDER ADDRESS: \_\_\_\_\_

10) PROVIDER CITY, ST, ZIP: \_\_\_\_\_

11) VENDOR NAME: Quality Systems INC 12) 9900641  
(SUBMITTER ID)13) VENDOR ADDRESS: 18191 Von Karman Ave Suite 45014) VENDOR CITY, ST, ZIP: Irvine, CA 9261215) EDI Contact Person: Adam Trimeloni 16) Phone/Ext: (949) 255-2600 / \_\_\_\_\_17) E-Mail: ATrimeloni@qsii.com**\*\*\* PLEASE MAINTAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. \*\*\*****Return this completed REMITTANCE EDI Agreement to Unisys at the following address:****Via U.S. Mail****Provider Enrollment  
Unisys  
P.O. Box 4804  
Trenton, New Jersey 08650 - 4804****Other Carriers****Provider Enrollment  
Unisys  
3705 Quakerbridge Road, Suite 101  
Trenton, New Jersey 08619**