



Online Provider Services Intermediary Authorization Form

Required fields are marked with an asterisk. *
Please fax completed form to 866-698-6032.
Questions on this form? Call 888-247-9311

INSTRUCTIONS:

This form should be completed by providers who contract with a third party to submit claims. If the Billing Intermediary will submit claims for multiple providers, an Account Request Form and an Intermediary Authorization Form is required for each provider. Forms that are incomplete, incorrect or illegible may delay or prevent proper processing.

Billing Agent/Clearinghouse/Intermediary Information

Provider Information:

*Billing Intermediary Name

*Provider Name

*Billing Intermediary's Submitter ID (if already established)

*Provider NPI number

*Contact name at billing intermediary

*ValueOptions assigned provider ID number

*Email address at billing intermediary

*Phone number at intermediary

*Please check those options for which you have been authorized by the below-signed provider.

- Electronic Batch Claims Submission (837 HIPAA format)
- Online Claims Adjustment

- Direct Online Functions:**
- Direct Claims Submission
 - Online Claims Adjustment

- Automatically included:**
- Eligibility Inquiry
 - Claim Status Inquiry
 - Authorization Inquiry & Submission
 - Provider Summary Vouchers/EOBs

Agreement Terms:

- A. The undersigned Provider authorizes the above Billing Intermediary to submit claims to ValueOptions on his/her/its behalf in accordance with any applicable regulations.
- B. The provider warrants that he/she/it has entered into a written agreement with above named Billing Intermediary. The provider understands and agrees that its use of this Billing Intermediary does not in any manner relieve the provider of full responsibility and liability for any violations of the laws, regulations and rules which govern the ValueOptions EDI program.
- C. The provider accepts full liability for all actions of the above named Billing Intermediary within its actual or apparent authority to act on behalf of the provider, notwithstanding any contrary provisions in the agreement between the provider and the Billing Intermediary. In the case of any violations of applicable laws, rules and regulations governing the ValueOptions EDI program, which arise out of the actions of the Billing Intermediary, the provider accepts full liability as though these actions were the provider's own actions.
- D. The provider agrees to notify ValueOptions in writing at least ten (10) days prior to the effective date of the revocation of this Intermediary Authorization Form. In such event, the provider's liability for the acts of the Billing Intermediary will continue until the tenth day after the receipt of such notification or the effective date of the revocation, whichever is later.

Signatures:

*Billing Intermediary's Signature

*Provider or provider's staff signature

Date

Date