

Third Party Request Form Name Change, Reactivation, and Termination Request

Instructions

- **The form is for the Third Party Organization use only.**
- Only one name is allowed per request and each section is a required field.
- Forms that are not legible or filled out correctly will be returned and the 30 business days will start from the date the corrected form is received.
- Only one request type is allowed per form.

Section 1: Third Party Information

List the name and address of the Third Party Organization.

Section 2: Authorized Signer

List the contact information and signature of the Authorized Signer.

The Authorized Signer must be the person identified by your organization that has the authority to make changes to a user's access.

Note: If you are requesting access for yourself, you will need to have the form signed by another individual who is an Authorized Signer.

The Authorized Signer is responsible for the following:

- Ensuring that the users read and adhere to the CMS rules and regulations outlined in the EDI Enrollment Form. The EDI Enrollment Form is located at www.wpsic.com/edi/pdf/medb_enroll.pdf
- Ensuring that the user understands that their ID and password cannot be shared with another user.
- Terminating IDs immediately when a user terminates their employment with the company or the User ID is no longer needed.
- Keeping track of all IDs assigned to the Third Party Organization.

Section 3: Type of Request

Name Change - Select this option to change a user's last name only due to marriage, divorce or to correct the spelling of a name.

Reactivate ID - This option is to request reactivation of a user ID that has been deactivated after 60 days of non-usage. The ID can only be reactivated for the person the ID was originally assigned to with access to the original PTAN numbers. If additional PTAN numbers need to be added or removed, please contact the provider to submit a request.

Terminate ID – Select this option to terminate User IDs that are no longer needed.

Check the region(s) that the user accesses.

Section 4: User Information

List the name of the person the User ID is assigned to and their User ID.

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Section 1: Third Party Information

Company Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Section 2: Authorized Signer (If your name is listed in Section 4, please obtain the signature of another Authorized Signer)

By signing below, you acknowledge that you are the Authorized Signer for the Third Party Organization listed in section 1. You also acknowledge that the user has read and agrees to the terms and conditions outlined in the EDI Enrollment Form.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Phone : _____ ext _____ Fax: _____

Email: _____

Section 3: Type of Request (Only one request type allowed per form)

Name Change Reactivate ID Terminate ID

Select the region(s) the user accesses: J5 MAC Legacy

Section 4: User Information

User's Name (First, Middle Initial, Last Name)

User ID

Legacy and J5 MAC providers, fax the completed form to 402-995-0606.

The request may take up to 30 business days to complete. The Authorized Signer will be notified by email once the request is completed.

If you have any questions, contact the DDE Systems Department at 866-734-6656, option 2 for Legacy providers and 866-518-3295, option 2 for J5 MAC providers.

DO NOT WRITE BELOW THIS LINE. FOR WPS USE ONLY

Date submitted to EDC	Assigned User ID	Date Completed	Comments: