



Triangle Medical Solutions, Inc.
 4711 Hope Valley Road PMB 218
 Durham, NC 27707
 1-800-326-4831

Availity EDI Clearinghouse for Billing Service Accounts.

Check our Plan	Counts Included			Overage Charges		FastEMC Price
	Included Claims	Included Eligibility Checks	Included Remits	Claims	Eligibility	
	1800	1800	Unlimited	.20/ea	.22/ea	\$324.50
	2000	2000	unlimited	.20/ea	.22/ea	\$354.50
	2500	2500	unlimited	.20/ea	.22/ea	\$449.50
	3100	3100	unlimited	.20/ea	.22/ea	\$550.50
	4300	4300	Unlimited	.20/ea	.22/ea	\$739.50

Pricing shown is for the Billing Services with 4 or more Rendering Providers all submitting under one Availity Account. The displayed pricing is for customers that are not using our FastEMC software and do not have a current FastEMC Subscription for that software.

Customer must be able to put our Vendor ID in their ANSI 837 file in GS*02 = VI0092

Billing is done monthly and to initiate your Advanced Clearinghouse Account we require deposit equal to 2 months standard charges. Any account that is past due 75 days will automatically be cancelled and access to Availity Advanced Clearinghouse will be suspended.

Cancellation Policy: Allow 60 days for all charges to be billed on your account. **Cancellation must be received in writing by fax or email at least 60 days before your termination date.** If less time is given, you are still responsible for any charges incurred by your use of the Availity Advance Clearinghouse system.

After starting the new Availity Clearinghouse Plan, your initial support will be handled by Triangle Medical Solutions. Our support staff will only be able to help with Availity issues and will not be able to support any issues with your software. Contact FastEMC support at (800) 326-4831 x 703, or email to support@fastemc.com, or add a support ticket on the web site at www.fastemc.com. This will focus your software and clearinghouse issues to the FastEMC support staff. Availity will step in when the trouble is related to edits at Availity or other advanced issues.

Customers can select AutoPay to pay by Check or Credit/Debit automatically each month.

Facility Name: _____ Availity ORG ID _____

Primary Contact First Name: _____ Last Name: _____

PCA E-mail: _____

Number of Rendering Providers submitting claims: _____ Billing Service: YES

FastEMC Account Number: __ (to be assigned) _____ Billing NPI: _____

I, _____, have read and understand the terms of our agreement.
 (Print Name Here)

Signature: _____ Date: _____

(Please sign and return this via fax to (800) 326-4831 or scan and E-mail to support @fastemc.com)