Availity EDI Clearinghouse for NON-FastEMC customers.

Availity EDI Clearinghouse Pricing for NON-FastEMC Customers							
		Counts Included			Overage Charges		
Check our Plan	Plans per Rendering Provider	Included Claims	Included Eligibility Checks	Included Remits	Claims	Eligibility	NON-FastEMC Price
	450 Plan	450	450	unlimited	.40/ea	.22/ea	**$79.95**
	750 Plan	750	750	unlimited	.35/ea	.22/ea	**$139.95**
	1100 Plan	1100	1100	unlimited	.30/ea	.22/ea	**$195.95**
	1500 Plan	1500	1500	unlimited	.30/ea	.22/ea	**$320.95**

Pricing shown is for the Clearinghouse plan only. 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 the access to 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 with AutoPay will have these charges included in the AutoPay balance each month.

Facility Name: _____ **Availity ORG ID** _____

PCA First Name: _____ Last Name: _____

PCA E-mail: _____

Number of Rendering Providers submitting claims: _____   Billing Service: YES   or   NO

Federal Tax ID: _____   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)

List the Rendering NPI Numbers that are included in your submissions to Availity and physician names here

	Rendering NPI Number	Physician Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
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23		
24		
25		

Note: Rendering Provider NPI numbers are assigned to each individual doctor in your practice. This is an individual number not a billing number.