



P.O. Box 7011 Northridge, Ca 91327-7011 \* (818) 368-5501 \* [www.signatureclaims.net](http://www.signatureclaims.net)

## Provider Sign-up Form Information

### Louisiana Missouri, New Mexico and Oklahoma Medicare Information sheet

Under the “EDI Agreement” form, fill out and sign the last page.

Under the “*LETTER OF AUTHORIZATION*” form, fill out the top section. Under the second section for clearinghouse information, Enter:

Signature Claims

Submitter number (L0868-Louisiana or M0399-Missouri)

Sign and date this form.

If you want Electronic Remittance Advice, then fill in the form

“**Electronic Remittance Advice Request**”. Use the numbers above for this form as well. You will receive your ERA from Signature Claims. NOTE: This often will END your paper EOBs. Sign this form.

Mail or fax these forms to:

Medicare Services

Attn: EDI-4BCS

PO BOX 2181

LITTLE ROCK, AR 72203

Fax (501) 378-2265