



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

## Provider Sign-up Form Information

Medicare for: Alaska, Arizona, Idaho, Iowa,  
Minnesota, Montana, North Dakota, Oregon, South  
Dakota, Utah, Washington, and Wyoming.

You will need to use the web and go to <http://www.edissweb.com/gen/forms/>. Choose your state.

Under REGISTRATION go to registration forms.

You need to fill out BOTH EDISS Registration Form and the CMS EDI Enrollment Form. These can be printed and mailed but only the signature needs to be hand-written. The rest MUST be typed.

For the clearinghouse information, use the following:

**for Vender#, put in CH00251**

Name: Signature Claims

Address: PO Box 7011

Northridge, CA 91327-7011

Contact: Bill Greenland

Phone: (818) 368-5501

fax: (818) 368-5501