



Tesia-PCI Corporation General Instructions

TESIAFAX

COMPLETING THE AGREEMENT

- A separate agreement must be completed for each Service Location/Tax ID combination.
- Please be sure to supply each provider's license number **EXACTLY** as it will be submitted on the claims.
- Please supply all requested information.
- Please be sure to supply your Credit Card Information.
- Please sign and date the agreement.
- If you have elected to submit claims to United Concordia, you **MUST** contact their Electronic Services Department to request that Tesia-PCI be listed as your EDI Clearinghouse. They may be reached at (800) 633-5430.

SUBMISSION INSTRUCTIONS

- Please retain a copy of the agreement for your records.
- After completing the agreement, please fax a copy to (888) 690-2906.
- If you are unable to fax the agreement, please mail to:

Tesia-PCI, LLC
Attn: Dental Enrollment
3500 Sunrise Highway
Suite T102
Great River, NY 11739

If you should have any questions, please contact the Tesia-PCI Help Desk at 1-800-724-7240.



Tesia-PCI LLC Profile Information

TESIAFAX

Billing Location Information

Practice Name or Billing Service Name: _____

Street Address, Line 1: _____

Street Address, Line 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name/Title: _____ Email Address: _____

Service Location Information

Practice Name: _____

Principal Doctor's Name: _____

National Provider ID (NPI) Assigned to Practice (if applicable): _____

Tax ID: _____ # of Providers in Practice: _____

Is the Service Location Address and Contact Information the same as the Billing Location?: YES NO

Street Address, Line 1: _____

Street Address, Line 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name/Title: _____ Email Address: _____

Please Note: A separate agreement must be completed for each Service Location/Tax ID combination.

System Information

Do you have a computer or intend to purchase one within the next month? YES NO

Operating System: Windows 2003 Windows XP (Home) Windows XP (Pro) Windows VISTA

Windows Other: _____ Other: _____

Internet Capability YES NO

Modem Type DIAL-UP (56k) BROADBAND (highspeed)

Practice Management System YES NO

Practice Management System Name: _____

Practice Management System Version Number: _____



Tesia-PCI LLC Profile Information

TESIAFAX

Specialty Codes	General Dentist	19	Endodontist	60	Oral Surgeon	61
	Orthodontist	62	Pedodontist	63	Periodontist	64
	Prosthodontist	65				

Provider Information

Provider Name: _____ Specialty: _____
National Provider Identifier (NPI): _____ License Number: _____
Social Security Number: _____

Provider Name: _____ Specialty: _____
National Provider Identifier (NPI): _____ License Number: _____
Social Security Number: _____

Provider Name: _____ Specialty: _____
National Provider Identifier (NPI): _____ License Number: _____
Social Security Number: _____

Provider Name: _____ Specialty: _____
National Provider Identifier (NPI): _____ License Number: _____
Social Security Number: _____

Provider Name: _____ Specialty: _____
National Provider Identifier (NPI): _____ License Number: _____
Social Security Number: _____

Provider Name: _____ Specialty: _____
National Provider Identifier (NPI): _____ License Number: _____
Social Security Number: _____

Provider Name: _____ Specialty: _____
National Provider Identifier (NPI): _____ License Number: _____
Social Security Number: _____

General Information

Are you looking for an "ALL PAYOR" Solution? YES NO Comments _____

Approximate Number of Claims Submitted to All Carriers Each Month: _____

How did you hear about Tesia-PCI Corporation? _____

Is your office currently submitting electronic claims? YES NO Vendor _____



Tesia-PCI LLC
Credit Card Information

TESIAFAX

Credit Card Information

Visa

MasterCard

American Express

Discover

Credit Card Number: _____

Expiration Date: _____ CSC Number: _____

Company Name: _____

Individual Name: _____

Billing Address Street: _____

Billing Address City/State/Zip: _____

Signature of Card Holder: _____

For Tesia-PCI Use Only

Solution: _____

Device ID: _____

Practice ID: _____

Claims Reviewed: _____

Start Date: _____

Comments: _____

Processed By: _____

Signature of Card Holder: _____



Tesia-PCI LLC Payor Registration

The Payors Below Require Additional Registration. Please Indicate Any You Will Be Submitting Claims For

ALABAMA

- APEX Benefit Services
- Atlas Administrators
- Doral Dental USA (Participating Providers Only)
- ERISA
- First Care/Southwest Life & Health
- Kelsey Seybold
- Global Healthcare (c/o People 1st)
- Memorial Hermann Health Network
- SummaCare
- Unison Healthplans (formerly Three Rivers Health Admin)
- United Concordia
- United Healthcare of River Valley (formerly John Deere)

ALASKA

- BCBS of Alabama
- Medicaid of Alabama

ARKANSAS

- Medicaid of Alaska

CALIFORNIA

- BCBS of Arkansas
- Medicaid of Arkansas

COLORADO

- Medicaid of California (Denti-Cal)

CONNECTICUT

- Medicaid of Colorado

DELAWARE

- Medicaid of Connecticut
- Delta Dental of Delaware
- Medicaid of Delaware (New Castle, DE)

DISTRICT OF COLUMBIA

- Medicaid of Delaware

FLORIDA

- Delta Dental of Washington DC

GEORGIA

- Medicaid of Florida
- BCBS of Georgia
- Medicaid of Georgia

HAWAII

- BCBS of Massachusetts
- Benefit Services of Hawaii

IDAHO

- BC of Idaho
- Medicaid of Idaho

ILLINOIS

- Medicaid of Illinois

INDIANA

- Medicaid of Indiana

IOWA

- BCBS of Iowa (FEP and Farm Bureau)
- BCBS of Iowa (Wellmark Blue Dental)
- Medicaid of Iowa

KANSAS

- BS of Kansas
- BS of Kansas City

KENTUCKY

- Medicaid of KY Region 3 (Doral Dental)
- Medicaid of KY Region 5 (KY Health Select)

LOUISIANA

- BCBS of Louisiana
- Medicaid of Louisiana – ADULT
- Medicaid of Louisiana – EPSDT (CHILD)

MAINE

- Medicaid of Maine

MARYLAND

- Delta Dental of Maryland
- Medicaid of Maryland (Dept of Health)

MASSACHUSETTS

- BCBS of Massachusetts
- Medicaid of Massachusetts

MICHIGAN

- Medicaid of Michigan

MINNESOTA

- Medicaid of Minnesota

MISSISSIPPI

- BCBS of Mississippi
- Medicaid of Mississippi



Tesia-PCI LLC Payor Registration

The Payors Below Require Additional Registration. Please Indicate Any You Will Be Submitting Claims For

MISSOURI

- Medicaid of Missouri

MONTANA

- Medicaid of Montana

NEBRASKA

- Medicaid of Nebraska

NEVADA

- Medicaid of Nevada

NEW HAMPSHIRE

- Medicaid of New Hampshire

NEW JERSEY

- BCBS of New Jersey (Horizon BCBS)
- Medicaid of New Jersey

NEW MEXICO

- Medicaid of New Mexico

NEW YORK

- BCBS of New York (Finger Lakes, Rochester, Utica, Watertown)
- BCBS of New York (Central NY, Syracuse)
- BCBS of Western New York
- BS of Northeastern New York
- Delta Dental of New York
- Excellus, Inc
- HealthNow NY
- Horizon Healthcare of New York
- Medicaid of New York
- POMCO
- Univera of New York

NORTH CAROLINA

- Medicaid of North Carolina

NORTH DAKOTA

- BCBS North Dakota (ND Dental Services)

OHIO

- Medicaid of Ohio

OKLAHOMA

- Medicaid of Oklahoma

OREGON

- Medicaid of Oregon

PENNSYLVANIA

- Blue Shield of Pennsylvania (Camp Hill)
- Blue Shield of Pennsylvania Dental Plus
- Delta Dental of Pennsylvania
- Medicaid of PA (Best Health Care, Gateway Health Plan, Oaktree, Health Partners)
- Medicaid of PA (Dept of Public Welfare)

RHODE ISLAND

- BCBS of Rhode Island
- Medicaid of Rhode Island

SOUTH CAROLINA

- Medicaid of South Carolina

TENNESSEE

- BCBS of Tennessee
- Medicaid of Tennessee

TEXAS

- Medicaid of Texas

VERMONT

- Medicaid of Vermont

VIRGINIA

- Medicaid of Virginia (Richmond, VA)

WASHINGTON

- Medicaid of Washington

WEST VIRGINIA

- Delta Dental of West Virginia
- Medicaid of West Virginia

WISCONSIN

- BCBS of Wisconsin (United)
- Medicaid of Wisconsin

WYOMING

- CKWY1 Medicaid of Wyoming



Tesia-PCI Corporation Electronic Claims License Agreement

TESIAFAX

This is a **LICENSE** from Tesia-PCI, LLC ("Tesia") to the practice named below ("Customer"), identified as:

Practice Name: _____ Principal Doctor's Name: _____

By installing, copying or otherwise using the Tesia software, the Customer agrees to be bound by the terms and conditions of this agreement. If the Customer does not agree to these terms and conditions, do not install, copy or use the Tesia software.

Tesia is offering the Customer a Service of transmitting and/or receiving electronic health transactions and responses via a fax machine.

Tesia will send electronically, all claims submitted by the Customer via fax delivery to Tesia to the appropriate insurance carrier, directly or through affiliated clearinghouses, subject to limitations set by said insurance carriers and subject to electronic connection availability to carriers by Tesia. All other claims will be printed to paper and mailed to the appropriate carrier via first class mail or faster.

Tesia is not responsible for the insurance carrier processing of any dental or medical claims. No promise or guarantee exists between Tesia and the Customer as to the time elapsed for processing of any claims by any carrier, nor that the carrier will process any claim in electronic or paper format.

Tesia is not responsible for the rejection of or the cost of processing of claims due to incorrect or incomplete claim information provided by the Customer. Tesia or its personnel cannot change, add to or delete any claim data submitted to it by the Customer (except that it may remove any zero fee procedure code). Any errors must be corrected by the Customer and resubmitted.

The Customer agrees that the Customer will only use Tesia Software and/or Services for lawful purposes and any claims information or data submitted by the Customer to Tesia or insurance carriers through Tesia is legally within the Customer's control and the Customer has any and all necessary permissions to submit said claims, data or information.

The Customer understands that in some cases Tesia systems utilize databases containing information regarding patient eligibility and coverage. The accuracy of any such information is the responsibility of the insurance carriers. Tesia does not take responsibility for any inaccuracies as long as Tesia has acted in good faith and without gross negligence. The Customer is responsible for the information supplied to the insurance carriers. Tesia has no responsibility to the Customer or the Customer's patients for any incorrect information supplied by the Customer or the insurance carriers. The information provided by the Customer will be subject to periodic post payment audits by the insurance carriers. The insurance carriers have the right to review and copy the Customer's records and related billing information, pursuant to any agreement between the Customer and the insurance carrier. A copy of this Agreement is available to Tesia payers at their discretion (credit card information, if applicable, will not be disclosed).

Current federal guidelines, as stated by the US Department of Health and Human Services, and outlined within the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations, allow for the assignment and recognition of a "Business Associate" relationship, such as the one outlined in this agreement, between two organizations, whereas one of the organizations is able to perform certain functions and services for the other organization, as required by federal and state regulations, so as to facilitate compliance with said regulations. Tesia uses technical safeguards to ensure the privacy and integrity of all information transmitted to or from its system. Such safeguards include password protection, data encryption, connection monitoring and input/output verification. All Tesia staff receive training in the proper ways to use personally identifiable healthcare information and execute a confidentiality agreement to that end.

Tesia agrees to perform said functions and services as stated herein for the Customer so as to enable the Customer to comply with regulations promulgated under HIPAA, specifically pertaining to data collection and secure transfer between the Customer and Tesia as well as Tesia and third-party entities and insurance carriers, on behalf of the Customer, using specifically mandated data content and format. Should either state or federal regulatory bodies change existing guidelines during the term of this agreement so as to negate the relationship between the Customer and Tesia, or cause said understanding of the relationship by both parties to become invalid, both parties shall work in good faith to re-address and re-define their relationship so as to become compliant in an expedient and timely manner.

Tesia will bill the Customer at the rate of forty-five cents (\$0.45) per claim submitted, except for designated "Participating" Insurance Payors, where claims submitted are FREE (\$0). Tesia reserves the right to change fees charged by giving the Customer ninety (90) days advance notice of the change.

On the first day of each month, Tesia will debit to the Customer's valid credit card the claim charges incurred during the prior month (total billable claims x \$0.45 per claim). This process will continue until such time as the Customer ceases to utilize Tesia and this agreement is terminated. If the credit card carrier rejects or the Customer disputes these charges, then at Tesia discretion, the Customer's electronically transmitted claims may be held without forwarding to the insurance carriers, until such time as the Customer makes payment to Tesia in the form of cash, check or valid credit card. Tesia will provide a monthly statement, transmitted electronically through the Tesia software or as determined by Tesia, that details all charges to the Customer during the prior month.

Tesia may provide submission guideline updates from time to time at a nominal charge to cover duplication and shipping.

All trademarks, service marks, copyrights and trade secrets are the property of Tesia and all rights are reserved.

To the maximum extent permitted by applicable law, Tesia provides to the Customer the Tesia Service as is and hereby disclaims all warranties whether express or implied as to the functionality, security (unless within reasonable control of Tesia) and integrity of Tesia Service. While Tesia uses reasonable care to protect the integrity of any transmitted or stored data, events outside of the direct control of Tesia (e.g., viruses, power fluctuations, or external software interactions) cannot be warranted, nor will Tesia be liable for any damage or corruption of said data.

Customer shall hold harmless, indemnify and reimburse Tesia and its affiliates for any and all claims, judgments, liabilities or costs, including attorney's fees, which arise out of or are incurred in connection with providing services under this agreement relating to claims processing on behalf of the Customer. The maximum liability of Tesia in any event for any claim is the fees charged by Tesia for said claim or claims, not to exceed the average of any three consecutive months of service charges.

From time-to-time, Tesia may send unsolicited faxes to the Customer in order to provide information regarding our services, products and/or informational updates. Acceptance of this Agreement indicates the Customer's willingness to receive said materials.

I understand and agree to the aforementioned terms and conditions:

DATE: _____ CUSTOMER (principal doctor's signature): _____