



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

## Client Agreement for Enrollment in Availity Advanced Clearinghouse.

Availity Advanced Clearinghouse Pricing							
		Counts Included			Overage Charges		
Check our Plan	Plans per Rendering Provider	Included Claims	Included Eligibility Checks	Included Remits	Claims	Eligibility	Price
	450 Plan	450	450	unlimited	.30/ea	.22/ea	<b>\$64.95</b>
	750 Plan	750	750	unlimited	.27/ea	.22/ea	<b>\$119.95</b>
	1100 Plan	1100	1100	unlimited	.25/ea	.22/ea	<b>\$179.95</b>
	1500 Plan	1500	1500	unlimited	.22/ea	.22/ea	<b>\$299.95</b>

Pricing shown is for the Clearinghouse plan only. A subscription for FastEMC Basic, FastEMC Total Cycle or FastEMC DME is required in addition to the Clearinghouse plan selected above.

FastEMC Total Cycle is required to post payments from the Remittance file directly to FastEMC. All FastEMC installs can load and print an EOB from an 835 Remit File.

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 or FastEMC.

After starting the new Availity Clearinghouse Plan, your initial support will be handled by FastEMC.

Contact FastEMC support at (800) 326-4831 x 703, or email to [support@fastemc.com](mailto:support@fastemc.com), or add a support ticket on the web site at [www.fastemc.com](http://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: \_\_\_\_\_ Tax ID: \_\_\_\_\_

PCA First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

PCA E-mail: \_\_\_\_\_

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

FastEMC Account Number: \_\_\_\_\_ 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

	<b>Rendering NPI Number</b>	<b>Physician Name</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
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<b>10</b>		
<b>11</b>		
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<b>23</b>		
<b>24</b>		
<b>25</b>		

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