



JVHL
 JOINT VENTURE HOSPITAL LABORATORIES

Administrative Office
 999 Republic Dr., Ste. 300
 Allen Park, MI 48101
 313.271.3692
 800.445.4979
 Return Completed Form to: support@jvhl.org

**AUTHORIZATION REQUEST FOR ELECTRONIC MEDIA
 DATA SUBMISSION / FILE RETRIEVAL**

I agree to submit electronic media data and/or to retrieve files from Joint Venture Hospital Laboratories either directly or through the following billing agent.

Billing Agent _____

Contact Name, Telephone _____

Contact e-mail _____

I (or my billing agent) agree to retain all original source documents for a period of two years from the date the electronic media data was submitted to JVHL. Data will be submitted for the following laboratory location (if multiple locations, complete one form for each location).

NPI Number _____

Lab Location Code _____

Laboratory Name _____

Laboratory Address _____

City, State, Zip _____

Laboratory Representative Authorizing EDI Account Set Up

Printed Name, Title _____

Phone, e-mail _____

Signature _____

Date of Request _____

I wish to submit and/or retrieve the following files (check all that apply)

CLAIMS

- Submit claims data (JVHL Billing Specifications format)
- Claims reports (Accepted, Failed Claim Lines) *Select One*
 - Retrieve from server via Billing Agent account *OR*
 - Retrieve from server via Laboratory account
- Retrieve payor remittance reports *Select One*
 - Retrieve from server via Billing Agent account *OR*
 - Retrieve from server via Laboratory account

HEDIS

- Submit HEDIS result data
- Retrieve HEDIS requests

Joint Venture Hospital Laboratories will assign a specific user name and password for your account. Following assignment of the user name and password, a Registration Form and Users Guide will be sent via e-mail. After receipt of the Registration Form and Users Guide, you may begin utilizing the JVHL file transfer system. A test transmission is required for a first time pass. Please contact Rob Ramey (support@jvhl.org) to schedule a time for the test.