



WPS Electronic Data Services External Access Request Form Secure EDI Website (Moveit)

Date of Request: _____

Please complete the required portions of this Request Form in order to receive the necessary access for submission of Family Care claim data via MOVEit.

Managed Care Organization (MCO)

Spreadsheet Software*
(Check all applicable below)

- Excel
- Open Office

(Check all applicable below)

- CLTS
- COMMUNITY LINK, INC (CLI) *formerly CCCW, ContinuUs, and WWC*
- LAKELAND CARE, INC (LCI)
- MY CHOICE FAMILY CARE (MCFC)

EXTERNAL USER INFORMATION*

Name	
Street Address	
City, State, Zip	
Contact Person	
E-Mail Address	
Contact Phone	
Name of Practice	
Tax ID Number	
EDI Submitter Number (WPS Use Only)	

TYPE OF REQUEST (For WPS Use Only)

_____ New Account _____ Terminate Account _____ Modify Account _____ Request data transfer

EDI AUTHORIZATION – RESPONSIBLE PARTY FOR PRODUCT ACCESS

EDI Secure Website (Move-it):

(TO BE COMPLETED BY EDI MOVEIT ADMINSTORATOR)

<input type="checkbox"/> Granted	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending
Denial Reason: _____		
EDI Move-it Administrator Signature: _____		Date: _____
EDI Manager Signature _____		Date: _____
Controller of Data Signature: _____		Date: _____

ACCOUNT CREATED:

User ID Assigned: _____
Level User Assigned: (check one) <input type="checkbox"/> User <input type="checkbox"/> Group Admin (File Admin) <input type="checkbox"/> Sysadmin
Group(s) assigned to User (if any): _____ _____
Group(s) created to accommodate Request: _____

An original, faxed or e-mailed copy will be accepted. Please mail or fax your completed agreement to:

Wisconsin Physicians Service
 Electronic Data Service
 P.O. Box 8128
 Madison, WI 53708-8128
 Fax (608)223-3824
EDI@wpsic.com

***REQUIRED**