

ANTSZtm REGISTRATION FORM

Software To Systems, Inc * 640 Glenna Drive, Fairfield, Ohio 45014 * (513) 893-9800

Company Name for Registration _____

Pay To _____ **Specialty Type** _____ Billing Service Y/N _____
(HIPAA required)

Federal Tax ID Number _____ Current Submitter # _____

Mail To Address _____

City, State Zip + 4 (+ 4 is **REQUIRED**) _____

Phone _____ Fax _____

Contact Name _____ **E-Mail** _____

(Complete this section one for each provider in the group)

Provider Full Name _____
First M Last Credentials

Social Security Number **REQUIRED** _____
(No Dashes / Slashes or Spaces)

Medicare UPIN Number _____

* Medicare PIN Number _____ Group #: _____

* **NPI** Individual Number _____ Group #: _____

* Medicaid PIN Number _____ Group #: _____

* Blue Shield Number _____ Group #: _____

* Medical Mutual # _____ Aetna #: _____

* BWC # _____ CLIA # _____

* UHC # _____ State License Number _____

Auto Posting Server DNS Name to Lytec Data Files _____

Software To Systems, Inc (**Internal Use**) _____ Date _____

State Receiver ID _____ State Sender Code _____

Submitter Number _____ Lytec Version _____

Password _____ Account Number _____

***INDICATE EACH MODULE REQUESTED WITH AN "X".**