



**PALMETTO GBA**  
A CELERIAN GROUP COMPANY

**Railroad Medicare  
Provider Authorization Form**

**This form must be completed and signed by the Provider ONLY.**

Action Requested:  Electronic Claims Submissions  Electronic Remittance  
 Electronic Response Reports

**Provider for whom Submitter will be granted access:**

Provider Name: CITY OF GRAND JUNCTION

Tax ID: [REDACTED]

Provider Email Address: \_\_\_\_\_

Railroad Medicare Provider Number: [REDACTED] NPI: [REDACTED]

Name: KENNETH R. WATKINS

Title: FZAK CHIEF

Address: 625 UTE AVE

City: GRAND JUNCTION State: CO ZIP: 81501-7720

Phone: \_\_\_\_\_

Submitter Name: WITTMAN ENTERPRISES, LLC

I hereby authorize the above submitter to receive the items notated above on my behalf. I understand that these items contain payment information concerning my processed Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that is my responsibility to notify Palmetto GBA EDI in writing if I wish to revoke this authorization.

Signature: [Handwritten Signature] Date: 02/12/15

Please complete, sign and submit this form via mail or fax, with the EDI Application Form, to:

Mail: Palmetto GBA EDI Operations  
P O Box 10066  
Augusta, GA 30999-0001

Fax: **803-382-2416**

C. Signature

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Provider/Supplier Name: CITY OF GRAND JUNCTION

Address: 625 UTE AVE

City/State/ZIP: GRAND JUNCTION, CO 81501-5826

Phone: \_\_\_\_\_

Authorized Signature: *Kenneth R. Watkins*

By (Print Name): Kenneth R. WATKINS

Title: FARRE CHIEF

Date: 02/12/15 Railroad Medicare Provider Number [REDACTED]

National Provider Identifier (NPI): [REDACTED]

Complete ALL fields above and submit via mail or fax the entire agreement (three pages) with *original* signature and *with* a copy of the **EDI Application form** to:

Mail: Palmetto GBA EDI Operations  
P O Box 10066  
Augusta, GA 30999-0001

Fax: **803-382-2416**