



TRIMSNet[®] esMD Software Module Is Now Available!

LOISS Ltd., a certified Health Information Handler (HIH) and developer of the TRIMSNet[®] suite of Health Information software modules is pleased to announce the new **TRIMSNet[®] esMD** software module for sending information through the Centers for Medicare and Medicaid Services (CMS) Electronic Submission of Medical Documentation (esMD) gateway*.

With TRIMSNet esMD, you can enjoy the following benefits:

- **Simple Pricing** – We require no upfront fees and no long-term contracts. You simply pay \$3.00 (three dollars) per esMD submission which includes the first 100 pages/images and \$0.01 (one cent) per page/image after the first 100 pages/images), with volume discounts available.
- **Ease of Use** – After logging in, the user enters the pertinent information (Patient Name, Case ID, Claim ID, Dates, etc.), attaches the documents, and clicks “submit.” From that point forward, **TRIMSNet[®] esMD** does all the work and keeps you informed of your submission status via e-mail. You can also generate up-to-date reports on previous submissions and view previously submitted documents.
- **Platform Independence** – **TRIMSNet[®] esMD** runs in your web browser and is compatible with the current versions of Microsoft Internet Explorer, Mozilla Firefox, Google Chrome, and Apple Safari. You can upload documents from multifunction devices or scanners (PDF or TIFF format). Electronic documents can be directly submitted in PDF format, eliminating the need for printing.
- **Security** – **TRIMSNet[®] esMD** meets or exceeds all HIPAA encryption requirements for electronic transfer of information.

TRIMSNet[®] esMD will save you postage, supplies, and time.

For more information, contact Bill Pomerance of LOISS Ltd. at 703-356-7965 or via e-mail to billp@loiss.com, or simply print, complete, and submit the attached application.

Note: **TRIMSNet esMD** can be used to send disability requests electronically.



TRIMSNet[®] esMD Application

To start using TRIMSNet[®] esMD, please provide the following information:

Date: _____ NPI Number: _____

Contact Person: _____

Facility Name: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Phone # _____ Fax # _____

E-mail Address: _____

Major Requestors:

1. _____

2. _____

3. _____

Number of Users: _____

When completed, you may submit this application using one of the following methods:

By Fax: **703-356-7993**

By Mail: **LOISS, Ltd.
6888 Elm Street, Suite 304
McLean, VA 22101**