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| --- | --- |
| **Organization’s Information:** | |
| Organization Name: | Contact(s): |
| Tel: | Title: |
| Email: | Street Address: |
| Fax: | City/State/Zip: |

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| --- | --- |
| **Select desired option:** | |
| Become a trading partner | Add provider or payee number(s) |
| Add transaction(s) | Change submission/retrieval method |

|  |  |  |
| --- | --- | --- |
| **Please indicate submission/delivery method.** *Check all that apply*. | | |
|  | SOAP+WSDL | HTTP+MIME |
| 835 Remittance Retrieval/ERA |  |  |

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| **EDI Receiver ID Details:** |
| Trading partner name *(if applicable):* |
| ISA08 receiver ID: |
| GS03 receiver ID: |
| Receiving System IP Address *(or range):* |

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| --- | --- | --- | --- |
| **Primary Technical (IT) & Business Contacts** | | | |
| Technical Contact | Name: | Tel: | Email: |
| Business Contact | Name: | Tel: | Email: |

**Trading Partners Requirements and Legal Representations**

Trading Partner will need to contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful re-association.

Each EDI transaction receiver will comply with the HIPAA Transaction Rules, as amended.

Each EDI transaction receiver will comply with the format, data, connectivity, transmission and other requirements set forth in the applicable Companion Guide.

When determined necessary, before initiating any EDI transaction, Trading Partner will cooperate with PHC in such testing of the transmission and processing systems as deemed appropriate to ensure the confidentiality, integrity and availability of each data transmission.

EDI transactions will be retained for 7 years.

Trading Partner acknowledges that PHC has the right to audit and confirm information submitted by Trading Partner.

PHC requires a list of all individual provider name(s), provider NPI(s) and tax ID (s) for which you will be receiving 835/ERA transactions.

Please note that the provider’s name, NPI and TIN must match current PHC provider information on record.

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| --- | --- | --- | --- |
| **Provider Name** | **Provider’s Billing NPI** | **Payee/Group NPI** | **Tax ID#** |
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Please use additional sheet(s) as necessary.

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| --- | --- |
| **Signature: By signing below, I acknowledge that I am authorized to sign this document on behalf of the organization, and have read and agree to the provisions as set forth above.** | |
| Signature: | Date: |
| Print name: | Title: |

**Please e-mail completed form** to [EDI-Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org)