Partnership HealthPlan of California

834 Benefit Transactions Enrollment & Payer Agreement

The **834 Benefit Transactions Enrollment & Payer Agreement Document** should be completed and signed by the Trading Partner and the Provider. The Trading Partner must have an active EDI connection with PHC and a completed 834 Benefit Transactions Enrollment & Payer Agreement Document on file. The Trading Partner & the Provider representatives that sign the **834 Benefit Transactions Enrollment & Payer Agreement Document** indicate that the Trading Partner is authorized to receive the requested 834 files on behalf of the Provider.

The completed **834 Benefit Transactions Enrollment & Payer Agreement Document** should be faxed to **707-863-4390** or
emailed to: **EDI-Enrollment-Testing@partnershiphp.org**

After the **834 Benefit Transactions Enrollment & Payer Agreement Document** is processed, our EDI Team will send an email notification to the Trading Partner & the provider regarding enrollment completion.

Partnership HealthPlan of California

834 Benefit Transactions Enrollment & Payer Agreement

EDI PAYER AGREEMENT

This Electronic Data Interchange (EDI) Payer Service Agreement (the "**Agreement**") is entered into by and between Partnership HealthPlan of California, a California corporation, with a principal place of business at 4665 Business Center Drive, Fairfield, California 94534 (hereinafter, "**PHC**"), and _____ (hereinafter, "**Trading Partner**"). The purpose of this Agreement is to memorialize in writing, the existing connection PHC has with the Trading Partner to submit and receive EDI transactions on behalf of the Provider named in this agreement. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, PHC must have Business Associate Agreements in place to assure compliance with the rules and regulations dictated by it.

TRADING PARTNER'S (RECEIVER) INFORMATION

Trading Partner's Full Legal Name:

_____

Trading Partner's Principal Business Address:

_____

Trading Partner's Mailing Address (if different from principal business address above):

_____

Trading Partner's Tax ID #:_____ Trading Partner's State of Incorporation:_____

Trading Partner's Contact Person: Trading Partner's Telephone Number:

_____ _____

Trading Partner's E-Mail Address: Trading Partner's Fax Number:

_____ _____

PROVIDER'S INFORMATION

If you are requesting 834for one provider, please fill in the provider's information below. If you are requesting 834 for more than one provider then please attach a list of all the providers with the information requested below.

Provider's Name: Provider's NPI Number:

_____ _____

Provider's Contact Person: Provider's Tax ID (ETIN):

_____ _____

Provider's Telephone Number: Provider's Email Address:

_____ _____

Provider's Physical Address:

_____

REQUEST TO ENROLL FOR 834 FILES

Trading Partner requests the following outbound transactions from PHC.

☐ **834 Benefit Enrollment and Maintenance**

(Note: Software is needed to translate the 834 file's information.)

PROVIDER AND TRADING PARTNER (RECEIVER) CONFIRMATION

The representative that signs this document on behalf of the Provider and Trading Partner indicates that they are authorized to request and receive 834 benefit transactions on behalf of the Provider named in this agreement.

On behalf of **Provider**	On behalf of **Trading Partner**
_____	_____
Signature of authorized representative	Signature of authorized representative
_____	_____
Printed Name	Printed Name
_____	_____
Title	Title
_____	_____
Date	Date

Please return this form to our EDI Team by faxing or emailing a copy to:

E-Mail: EDI-Enrollment-Testing@partnershiphp.org

Fax: 707-863-4390

To inquire about this form, please call 707-863-4527