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FORM INSTRUCTIONS

EDI TRADING PARTNER AGREEMENT WITH CCAH IDENTIFICATION OF PROVIDER/TRADING PARTNER AND TRANSACTION INFORMATION

All fields are required

PROVIDER INFORMATION

Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Provider Address - Street	The number and street name where a person or organization can be found.
City	City associated with provider address field.
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
Provider Contact Name	Name of a contact in provider office for handling EDI issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.

CLEARINGHOUSE INFORMATION

Clearinghouse	Company that processes claims and sends them out to payers, expediting reimbursement.
Clearinghouse Name	Official name of the provider's clearinghouse.

VENDOR INFORMATION

Vendor	A company that supplies EDI services and Practice Management software to the provider.
Vendor Name	Official name of the provider's vendor.

SUBMISSION INFORMATION

Reason for Submission	Select New Enrollment, Change Enrollment, or Cancel Enrollment.
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TRANSMISSION INFORMATION

Please specify which EDI transactions you would like to setup with the Alliance. Additionally, please indicate if your practice still wants to continue receiving the hardcopy **Remittance Advice Detail Summary** via mail.

AUTHORIZED SIGNATURE

Written Signature of Person Submitting Enrollment	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.
Submission Date	The date on which the enrollment is submitted.