



EDI TRADING PARTNER AGREEMENT:

IDENTIFICATION OF PROVIDER/TRADING PARTNER AND TRANSACTION INFORMATION

All Trading Partners, whether covered entities or business associates of covered entities, agree to abide by all HIPAA Privacy and Security requirements as they apply to communications with The Alliance.

The Provider and the Alliance agree that any changes in Provider or Trading Partner status, which might affect the transmission of electronic data, shall be promptly communicated to each party. This agreement will remain in effect until terminated according to the terms listed in this agreement.

All fields are required

PROVIDER INFORMATION

Provider Name		Provider Federal Tax Identification Number (TIN)	
Doing Business As Name (DBA)		National Provider Identifier (NPI)	
Provider Address - Street	City	State/Province	ZIP Code/Postal Code
Provider Contact Name	Telephone Number ()	Email Address	

CLEARINGHOUSE INFORMATION

Are you planning to use a clearinghouse for electronic transmissions with the Alliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clearinghouse Name
---	--	--------------------

VENDOR INFORMATION

Do you currently use a billing service/vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name
---	--	-------------

SUBMISSION INFORMATION

Reason for Submission:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
------------------------	---	--	--

TRANSMISSION INFORMATION

<input type="checkbox"/> 837 Professional (ASC X12N 005010X222)	<input type="checkbox"/> 837 Institutional (ASC X12N 005010X223)
<input type="checkbox"/> 270/271 Eligibility Inquiry & Response (ASC X12N 005010X279)	<input type="checkbox"/> 276/277 Claim Status Request & Response (ASC X12N 005010X212)
<input type="checkbox"/> 835 Electronic Remittance Advice (ASC X12N 005010X221)	<input type="checkbox"/> Other Transactions <small>(please indicate transaction type)</small>

AUTHORIZED SIGNATURE

Written Signature of Person Submitting Enrollment	Submission Date
---	-----------------

Please FAX completed applications to:
 (831) 430-5895, ATTN: PS Web & EDI Specialist
 Or email to edisupport@ccah-alliance.org

For questions about this form, please contact:
 (800) 700-3874 x5510