

EDI Transaction Application

(Providers and Clearinghouse/Vendors)

1. TRADING PARTNER INFORMATION

* = required fields

Trading Partner Name* _____
 Street Address 1* _____
 Street Address 2* _____
 City* _____
 State* _____
 Zip* _____
 Contact Name* _____
 Telephone Number* _____
 Office Fax Number* _____
 Internet E-mail Address _____
 Federal Tax ID/Social Security Number* _____

Trading Partner Type*:

- Clearinghouse/Billing Service
- Software Vendor/Developer
- Dental Provider: please provide United Concordia Provider ID* _____

2. REQUEST TYPE

- Assign a NEW Trading Partner Number
- Update existing Trading Partner - # _____ and Login _____

3. TRANSMISSION MODE/PROTOCOL

- Dial-Up – Asynchronous
- Internet – File Transfer Protocol (FTP)

4. TRANSACTIONS (check all that apply)

	<u>837D</u>	<u>837P</u>	<u>835</u>	<u>276/277</u>	<u>270/271</u>
United Concordia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highmark Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas BC/BS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>