



## Entity or Site Access Information for 837 Transaction Set

### Section I

Billing National Provider ID (NPI) # : \_\_\_\_\_ (Required)

Tax ID# \_\_\_\_\_

CDPHP Group# or Provider#: \_\_\_\_\_ Date: \_\_\_\_\_

Site Name and Address (Please print or type)

Entity or Office Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Section II

Contact Information (Please print or type)

Business Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Section III

Technical Contact Information (Please print or type)

Technical Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Section IV

### Connectivity

#### Connectivity Method

- Web Browser  
 SFTP  
 Other:

#### Internet Service Provider

- Time Warner  
 AOL  
 AT&T  
 Other:

#### Operating System

- UNIX /AIX  
 Windows  
 MacOS  
 Other:

#### Transfer Software

- WS\_FTP  
 Other: \_\_\_\_\_

## Other Questions

Name of your Practice Management System/Billing Software \_\_\_\_\_

Is your organization Clarendi certified? Yes No

## Section V

Please indicate how you will be submitting header information for the 837 transactions.

### Transaction

**837**

**How will you submit?**      Directly       WebMD       Other: \_\_\_\_\_

**Description****Segment****Information**

Interchange ID Qualifier

ISA05

Interchange Sender ID

ISA06

Application Receiver ID

GS02

Billing Provider Name

Loop 2010AA Ref 02

Pay to Provider Name

Loop 2010AB NM109

Pay to Provider Secondary

Loop 2010AB REF02

Identification

Enter the CDPHP provider number of the billing provider for Loop 2010AA REF02 segment.

Enter the TIN of the provider to be paid in the Loop 2010AB NM109 segment.

Enter the CDPHP provider number of the provider to be paid in the 2010AB REF02 segment.

The NPI number should be the group practice's billing NPI, facility billing NPI, or individual practitioner NPI if a sole practitioner.

Please complete this form for each provider in your office or group and fax it to the CDPHP EDI team at 518-641-4305. The form can also be mailed to: CDPHP EDI Team, 500 Patroon Creek Blvd., Albany, N.Y. 12206.

If you have questions concerning connectivity or regarding this form please contact the CDPHP EDI team at 518-641-4EDI (4334), or EDI\_Team@cdphp.com.

\*CDPHP is seeking Clarendi certification. Trading Partners who also have Clarendi certification may have a reduced testing period.