EDI TRADING PARTNER REGISTRATION FORM ï Payment Advice/Remit

Please print legibly to avoid form being returned

Type of Request *Check one*

Sender ID = Gateway mailbox from where the inbound 837 claim is being submitted
Receiver ID = Gateway mailbox to where the outbound 835 payment is being routed

☐ **INITIAL 835 SETUP** ï
Receiver ID to be *same* as 837 Sender ID

_MO20310C_____
Important - fill in sender ID

☐ **INITIAL 835 SETUP** ï
Receiver ID to be *different* from 837 Sender ID

_MO20310C_____
Important - fill in sender ID

☐ **MAINTENANCE** ï
add/delete/change 835 profile for Receiver ID

_MO20310C_____
Important - fill in receiver ID

The following is <u>required</u> to receive an 835 Payment / Remittance Advice:

- Name of Provider or Organization
- Anthem assigned Payee ID Number
- Provider Tax ID Number associated with Provider ID Number
- National Provider Identifier (NPI) associated with Provider ID Number (*does not apply to exempt providers)

NOTE: Depending on the payment arrangement between the provider(s) and Anthem, claim payments are made based on the Payee ID assigned to the individual provider and/or group. In cases where multiple providers are paid under the same Payee ID or group pay-to number, activation of the number will generate 835s for all providers linked under this hierarchy.

Since the payee ID/Tax ID can only be associated with one Anthem Sender/Receiver ID, changes to your provider ID number or tax ID number may affect the distribution of your 835s. ***If you have any changes in provider status, or need to activate or deactivate additional providers for receiving the 835, notify the EDI Help Desk by completing this form as a maintenance request.***

For further detail and latest news about the 835, refer to the EDI website: http://www.anthem.com/edi

Contact Information

Provider Information

Provider Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone _____

E-Mail Address _____ Fax _____

Technical Information

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone _____

E-Mail Address _____ Fax _____

Form Continued on page 2 →

Type of Request			*PLEASE PRINT LEGIBLY				State				
Initial Set Up	Addition	Deletion	Name of Provider/Organization	Tax ID	NPI	Provider/Payee ID	Indiana	Kentucky	Missouri	Ohio	Wisconsin

BY COMPLETING THE EDI REGISTRATION FORM, I ACKNOWLEDGE THE RECEIPT OF THE TRADING PARTNER AGREEMENT AND COMPANION GUIDE/DOCUMENTS.

COMPLETED REGISTRATION FORM MUST BE RETURNED VIA MAIL OR FAX TO:

Central Region EDI
13550 Triton Park Blvd.
Louisville, KY 40223
Phone: 800-470-9630 Fax: 502-889-4533