



EDI Set-Up Form

Completed forms can be sent to EDI_CT_Operations@carepartnersct.com or faxed to 617.972.1011. EDI Operations will contact you after this information is verified to initiate electronic transactions. Please contact EDI Operations at 888.631.7002, ext. 52994 if you have any questions regarding this form.

PRACTICE, ACCOUNT AND TRANSACTION INFORMATION

Type of practice: Solo Group Billing service Hospital/facility

Type of account: New Existing (indicate changes below)

Transaction type: 837 Institutional claim 837 Professional claim

INFORMATION ON SOLO, GROUP, BILLING SERVICE CLIENT(S), HOSPITAL/FACILITY

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Office contact: _____ Practice Tax ID: _____

Telephone: _____ Fax: _____

Email address: _____

Practice Management System/Computer Vendor: _____

Vendor contact name: _____ Telephone: _____

PAYMENT INFORMATION (IF DIFFERENT FROM ABOVE)

Name of payee: _____ National Provider ID: _____

Address: _____

City: _____ State: _____ Zip code: _____

Payee tax ID: _____

PROVIDER INFORMATION

Name of Provider	National Provider ID