

# EDI Setup Form

## for 277CA Claim Acknowledgment

Please complete this form and either email it to [edi@deancare.com](mailto:edi@deancare.com) or fax it to (608) 252-0893

- The purpose of this setup form is to establish a new direct connection or change an existing direct connection.
- Prerequisite – Claims are already being submitted electronically in the 837 EDI format directly to Dean Health Plan through an established secure FTP connection.

<b>Type of Trading Partner:</b>	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Provider/Institution
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<b>Type of Account:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Existing (indicate changes below)
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**Trading Partner Name:** \_\_\_\_\_

**UserID** (usually starts with ediusers\_): \_\_\_\_\_

**Trading Partner Interchange ID Qualifier:** \_\_\_\_\_

**Trading Partner Interchange ID:** \_\_\_\_\_

<b>Office Contact Information</b>
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Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email Address:

<b>Technical Contact Information</b>
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Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email Address: