



EDI Setup Form

for 277CA Claim Acknowledgment

Please complete this form and either email it to 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.

Type of Trading Partner:	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Provider/Institution
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Type of Account:	<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: _____

Office Contact Information

Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email Address:

Technical Contact Information

Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email Address: