EDI Setup Form

for 837 Claim Submission

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 <u>direct</u> connection or change an existing <u>direct</u> connection.
- The direct connection is with Dean Health Plan through a secure FTP connection.
- Both Institutional and Professional 837 claim files can be submitted through the connection.

Type of Trading Partner:	☐	Clearinghouse	☐	Provider/Institution

Type of Account:	☐	New	☐	Existing (indicate changes below)

Trading Partner Name: _____

(for existing connections only) **UserID:** _____
(usually starts with ediuser_)

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: