

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:	Clearinghouse	Provider/Institution
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Type of Account:	New	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: _____