

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 direct connection or change an existing direct 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 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: _____