EDI Setup Form

for 834 Enrollment

(Underwritten by Dean Health Plan)

Employer Groups / Clearinghouses / Third Party Administrators (TPA) should use this form.

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

Type of Group:	☐ Employer Group	☐ Agent	☐ Clearinghouse	☐ TPA

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

Group Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Office Contact: _____ Email Address: _____

Group Information:

Name of Group	Group Number	Tax ID

Clearinghouse / Third Party Contact Information (if you use a clearinghouse to submit your files):

Clearinghouse Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

http://www.deancare.com/health-insurance/quality/hipaa-transactions/

http://www.prevea360.com/About-Prevea360-Health-Plan/Quality/HIPAA-Transactions.aspx

Last updated: 3/6/2017