



a Point32Health company

# EDI Set-Up Form

Completed forms can be sent to [EDI\\_Operations@point32health.org](mailto:EDI_Operations@point32health.org) or faxed to 617-972-1011. EDI Operations will contact you after this information is verified to initiate electronic transactions. Please contact EDI Operations at 888-880-8699 ext. 54042 if you have any questions regarding this form.

## Practice, Account and Transaction Information

**Type of practice:**  Solo  Group  Billing service  Hospital/Facility

**Type of account:**  New  Existing (*indicate changes below*)

**Transaction type:**  837 Institutional claim  837 Professional claim

## Information on Solo, Group, Billing Service Client(s), Hospital/Facility

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office contact: \_\_\_\_\_ Practice tax ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Practice Management System/Computer Vendor:

Vendor contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Payment Information *(if different from above)*

Name of payee: \_\_\_\_\_ National Provider ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Payee tax ID: \_\_\_\_\_

## Provider Information

Name of Provider

National Provider ID

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____