



Electronic Claims Sender Request Form

Please fax the completed form to (716) 929-1062.

Please contact the E-Commerce call center at (716) 635-3911 with any questions.

Please indicate reason for request:

New EDI Submitter Software Vendor Change Other: _____

Please indicate the transaction(s) you would like to exchange:

ANSI 837 Institutional ANSI 837 Professional

Office Practice Name: _____ Date of Request: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Contact Person: _____ Contact Phone Number: _____

Fax Number: _____ E-Mail Address: _____

Tax ID#: _____ NPI Number(s): _____

Multiple Offices with same Tax ID#: Yes No

Multiple Offices with multiple Sender Id's: Yes No

Will your office be using a Clearinghouse: Yes No

Clearinghouse Name: _____ Clearinghouse Contact: _____

Contact Phone Number: _____ Contact E-Mail Address: _____

Practice Management Software: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Desired Submission Method: Web Upload SSL with PGP Encryption SFTP with PGP Encryption CORE - HTTP MIME Multipart CORE - SOAP + WSDL

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