

# EDI TRADING PARTNER REGISTRATION FORM – Payment Advice/Remit

*Please print legibly to avoid form being returned*

Type of Request *Check one*

Sender ID = Gateway mailbox from where the inbound 837 claim is being submitted  
 Receiver ID = Gateway mailbox to where the outbound 835 payment is being routed

<input type="checkbox"/> <b>INITIAL 835 SETUP –</b> Receiver ID to be <i>same</i> as 837 Sender ID  <hr style="width: 80%; margin-left: 0;"/> <i>Important - fill in sender ID</i>	<input type="checkbox"/> <b>INITIAL 835 SETUP –</b> Receiver ID to be <i>different</i> from 837 Sender ID  <hr style="width: 80%; margin-left: 0;"/> <i>Important - fill in sender ID</i>	<input checked="" type="checkbox"/> <b>MAINTENANCE –</b> add/delete/change 835 profile for Receiver ID  <hr style="width: 80%; margin-left: 0;"/> mw00072c <i>Important - fill in receiver ID</i>
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The following is required to receive an 835 Payment / Remittance Advice:

- Name of Provider or Organization
- Anthem assigned Payee ID Number
- Provider Tax ID Number associated with Provider ID Number
- National Provider Identifier (NPI) associated with Provider ID Number (\*does not apply to exempt providers)

NOTE: Depending on the payment arrangement between the provider(s) and Anthem, claim payments are made based on the Payee ID assigned to the individual provider and/or group. In cases where multiple providers are paid under the same Payee ID or group pay-to number, activation of the number will generate 835s for all providers linked under this hierarchy.

Since the payee ID/Tax ID can only be associated with one Anthem Sender/Receiver ID, changes to your provider ID number or tax ID number may affect the distribution of your 835s. ***If you have any changes in provider status, or need to activate or deactivate additional providers for receiving the 835, notify the EDI Help Desk by completing this form as a maintenance request.***

*For further detail and latest news about the 835, refer to the EDI website: <http://www.anthem.com/edi>*

## Contact Information

### Provider Information

Provider Name			
Address			
City	State	Zip Code	
Contact Name			Phone
E-Mail Address			Fax

### Technical Information

MD Claims, Inc.			
Vendor Name			
2622 Coventry Road			
Address			
Columbus	Ohio	43221	
City	State	Zip Code	
Mike Dyas			614-488-9525
Contact Name			Phone
mike@mdclaims.cc			614-488-3809
E-Mail Address			Fax

