



An Anthem Company

EDI Registration Form

Please return this completed form via fax or email to:

Fax: (866) 959-2854

Email E-Solutions.Support@anthem.com

Current submitters only, please supply:

Sender ID #: _____

All items with an asterisk (*) must be completed.

*Type of Request: New Submitter Change Data Specify change: _____

1. Trading Partner Information:

*Trading Partner Name _____

*Address (include suite) _____

*City _____ *State: _____ *Zip: _____

*Contact Name _____ *Phone () _____

*E-Mail Address _____ *Fax () _____

*NPI _____ *Tax _____

2. Business Type: * Physician/Provider Hospital Clearinghouse Billing Service Lab

3. Vendor Information: *Please indicate the individual who is responsible for the development/maintenance of your EDI software:

In House Development

Technical Contact: _____ Phone () _____

Software / System Vendor

Vendor Name _____ Product _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone () _____

E-Mail Address _____ Fax () _____

4. Data Transmission Method: *Indicate communication protocol(s):

HTTPS Post/Soap (Real-Time only available for 270 and 276 only*)

HTTPS Direct Portal

SFTP With PGP

5. Provider Tax ID:

6a. Select HIPAA Transaction(s) *

270/271 Eligibility*

276/277 Claim Status *

837 Professional Claims

837 Institutional Claims

837 Professional Claims (Encounters)

837 Institutional Claims (Encounters)