



RE: EDI Questionnaire for Direct Claim Submissions

Dear Provider,

Commonwealth Care Alliance is excited to extend the opportunity of Electronic Data Interchange (EDI) to our providers servicing our members. We would like to invite you to sign up by providing the following information below.

I. PROVIDER/GROUP INFORMATION:

Name: _____
Mailing Address: _____
Tax- ID number: _____
Group/Individual NPI: _____
Phone Number: _____
Contact person: _____
Email Address: _____
Fax number: _____

II. EDI BATCH SUBMISSION

1. Do you have a system that is capable of generating an 837 EDI claim file? If no, you do not need to answer the remaining questions below.
Yes No
2. Will your office be submitting claims in the 837 format? Yes No
3. Place a check mark next to the type of transaction (professional and/or Institutional claims) to be used:
837P (ANSI x12) 837I (ANSI x12)
4. What submitter ID will appear in your 837 claim file? _____



III. CLAIM INFORMATION

5. What is your claim volume per month? _____
6. Do you have Internet explorer Version 7 or higher (required)?
 Yes No

IV. EZNET-USER ACCESS

7. How many users will require access to use EZNET? _____

Please list the name of the individual(s) who will need access to the EZNet-EDI website:

Name	Phone	Title	Email

*** please print ***

Please Note: Upon completion of this form, you will be assigned a user ID and password to access the EZNet-EDI website for batch file submissions. This information will be sent to the individual identified in section #4 of this form.

Please complete the above questionnaire and email to:

Name	Email
Natasha Shepherd	nshepherd@pcgus.com
Kanti Bhojani	kbhojani@pcgus.com