

# 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

**INITIAL 835 SETUP –**  
Receiver ID to be *same* as  
837 Sender ID

**INITIAL 835 SETUP –**  
Receiver ID to be *different*  
from 837 Sender ID

**MAINTENANCE –**  
add/delete/change 835  
profile for Receiver ID

WI00127C  
*Important - fill in sender ID*

WI00127C  
*Important - fill in sender ID*

WI00127C  
*Important - fill in receiver ID*

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

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax \_\_\_\_\_

**Form Continued on page 2 →**

