

Trading Partner Type (Check all that apply):

Insurer

Self-Insurer

Other

Third Party Administrator

EDI Service Provider

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Sender ID FEIN: _____

Postal Code (9 digits): _____ - _____

Physical Address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Postal Code: _____ - _____

Mailing Address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Postal Code: _____ - _____

Contact Information:

First Report of Injury (FROI)

Proof of Coverage (POC)

Subsequent Report of Injury (SROI)

Business Contact:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Technical Contact:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Claims Handling Location Contact:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Preparer Information:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____