

# PacificSource Health Plans Trading Partner Enrollment Form

## Organization Information:

Organization Name \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Organization Address \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

## Primary EDI Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Primary Technical Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Transaction(s) to be transmitted to PacificSource:

Indicate Selection(s)	Transaction Set	Transaction Description	Version	Frequency (daily, weekly, etc.)
	837 P	Professional Claim	4010X098A1	
	837 I	Institutional Claim	4010X096A1	
	837 D	Dental Claim	4010X097A1	
	834	Group Enrollment	4010X095A1	
	835	ERA (outbound from PacificSource)	4010X091A1	Weekly
Not currently available	270/271	Health Care Eligibility Inquiry & Response	4010X092	
Not currently available	276/277	Health Care Claim Status Request/Response	4010X093	
Not currently available	277/275	Health Care Claim Request for Add'l Info & Response		
Not currently available	278	Health Care Svcs Request for Review & Response	4010X094	
Not currently available	820	Group Premium	4010X061	

Would you like a 997 functional acknowledgment? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Envelope Information:

Vendor/Provider ISA Segment Sender/Receiver ID: \_\_\_\_\_

Vendor/Provider GS Segment Sender/Receiver ID: \_\_\_\_\_

## Please return completed form to:

PacificSource Health Plans, Information Systems, PO Box 7068 Eugene, OR 97401, or fax us at (541) 225-3636.

June 27, 2005

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