



SummaCare Inc.
 P.O. Box 3620
 Akron, OH 44309-3620
 Fax: 330-996-8954

EDI Employer Registration

820 Premium Payments – 834 Enrollment

Section 1: These instructions will assist you in completing the 4010A1 EDI Employer Registration. The information provided will be used to set your facility up for electronic submission. Print legibly and complete every section as accurately as possible. If a section is not applicable, write “N/A”. Once you are approved for EDI production status, notify us by submitting an updated EDI Employer Registration whenever this information changes. Please sign and date the form once it is completed. If you have any additional questions please call the Eligibility Line at 1-330-996-8685.

Sender Name			
Mail Address	City	State	Zip
Tax Identification Number (TIN)	Phone	Fax	
Group Number			

Section 2: Please fill in the name and e-mail address of the person from the applicant’s office that SummaCare will be able to contact for inquiries.

Contact Name
E-mail

Section 3: If the applicant will be submitting a transaction directly to SummaCare, the applicant will have to sign a Trading Partner Agreement with SummaCare. A vendor/clearinghouse is an entity that receives the applicant’s data, then translates and forwards the data to SummaCare. Please check the transactions that you would like to submit to SummaCare. If the transaction will be sent to us through a vendor/clearinghouse please completely fill out this section. We will verify that we have a Trading Partner Agreement with the vendor/clearinghouse that was provided. If we cannot set up a Trading Partner Agreement with the vendor/clearinghouse we will contact you.

Vendor/Clearinghouse:	<input type="checkbox"/> 820	<input type="checkbox"/> 834
Vendor Name		
Contact Person	Contact Person Phone Number	
Are you adding, changing or remove this Vendor/Clearinghouse? <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		
Vendor/Clearinghouse:	<input type="checkbox"/> 820	<input type="checkbox"/> 834
Vendor Name		
Contact Person	Contact Person Phone Number	
Are you adding, changing or remove this Vendor/Clearinghouse? <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		

 Authorized Signature of Stakeholder

 Print Name of Authorized Signer

 Date of Authorization