



EDI Employer Registration 820 Premium Payments/834 Enrollment



Section 1:

These instructions will assist you in completing the 5010A1 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: <input style="width: 90%;" type="text"/>	Email Address: <input style="width: 90%;" type="text"/>	
Mail Address: <input style="width: 90%;" type="text"/>	City: <input style="width: 90%;" type="text"/>	Zip-Code: <input style="width: 90%;" type="text"/>
Tax Identification Number: <input style="width: 90%;" type="text"/>	Phone Number: <input style="width: 90%;" type="text"/>	Group Number: <input style="width: 90%;" type="text"/>

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: <input style="width: 90%;" type="text"/>	Email Address: <input style="width: 90%;" type="text"/>
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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:

Vendor Name: <input style="width: 90%;" type="text"/>	Contact Name: <input style="width: 90%;" type="text"/>	Contact Phone Number: <input style="width: 90%;" type="text"/>
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Are you adding, changing or removing this Vendor/ClearingHouse?	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
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Name of Authorized Signer: <input style="width: 90%;" type="text"/>	Date of Authorization: <input style="width: 90%;" type="text"/>
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