



EDI CUSTOMER FTP REGISTRATION FORM



Please provide the following information. E-mail or Fax this form to the E-mail address or Fax Number listed below

Company/Sender Name:	<input type="text"/>
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Mailing Address:	<input type="text"/>
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City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
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Technical Contact Name (Testing):	<input type="text"/>	Phone Number:	<input type="text"/>
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E-mail Address:	<input type="text"/>	Date:	<input type="text"/>
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Contact Name (Production):	<input type="text"/>	Phone Number:	<input type="text"/>
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E-mail Address:	<input type="text"/>	Date:	<input type="text"/>
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Check one of the following FTP connections that you will be using:

PGP/FTP SSH/FTP (We Prefer this type of Connection)

The transaction(s) that will be sent by you:

837 Professional 837 Institutional 837 Dental 834 Eligibility 820 Premium Payment Miscellaneous

The transaction(s) that will be sent to you:

835 Remittance 277CA Response File 997 Response File Miscellaneous

Please enter your IP Address or IP Address Range:	<input type="text"/>
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Please note, if you selected PGP/FTP we will need to exchange PGP keys. You will receive an e-mail to the address listed above containing your login credentials within 3 to 5 business days from the receipt of this form.

Please return this form by mail, e-mail or fax to:

SummaCare Inc
Attn: EDI Support
PO Box 3620
Akron, Ohio 44309-3620
Fax: 330-996-8877

If you have any questions, please contact EDI Support - edisupport@summacare.com

Signature:	<input type="text"/>	Print Name:	<input type="text"/>
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SummaCare to Complete:

FTP Site Folder Name:	<input type="text"/>	TP_ID:	<input type="text"/>	Date of Set-Up:	<input type="text"/>
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Internal Contact Name:	<input type="text"/>	Internal Contact E-Mail:	<input type="text"/>
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