

Service Center Operational Information

Request Type

- This is a change to my previous information on file with HPE.
 I am enrolling with HPE as a Service Center for the first time.

Contact Information

Service Center Name _____
 Mailing Address _____
 Phone Number _____ Fax number _____
 Email Address _____
 Contact Name for Transaction Rejects _____

Electronic transaction types

Please check the box next to each transaction type you wish to provide: *(Select all that apply)*

| | |
|---|---|
| <input type="checkbox"/> Eligibility Request/Response Batch (270/271) Connection Method: <input type="checkbox"/> SFTP <input type="checkbox"/> XEConnect* | <input type="checkbox"/> Claims Status Request/Response Batch (276/277) Connection Method: <input type="checkbox"/> SFTP <input type="checkbox"/> XEConnect* |
| <input type="checkbox"/> Prior Authorization Request/Response (278/278) | <input type="checkbox"/> Professional (837 P) |
| <input type="checkbox"/> Pharmacy (NCPDP – batch) | <input type="checkbox"/> Institutional (837 I) |
| <input type="checkbox"/> Remittance Advice (835) | <input type="checkbox"/> Dental (837 D) |

* XEConnect is an EDIFECs application.

Data transmission information

IP address *(for each server from which data will be transmitted)*: _____

Test port: _____ Production port: _____

Software vendor information

Software Vendor Name _____
 Mailing Address _____
 Phone Number _____ Fax number _____
 Email Address _____

If you have questions, please call (877) 638-3472. Mail this form to: Hewlett Packard Enterprise
 EDI Coordinator
 PO Box 30042
 Reno, Nevada 89520-3042

| For HPE Use Only | |
|-------------------------------|--------------------------|
| Service Center Code: | Testing begin: / / |
| EDI file updated on: / / | Put into production: / / |
| Provider file updated on: / / | |