

## Service Center Operational Information

### Request Type

- This is a change to my previous information on file with HPES.  
 I am enrolling with HPES 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:

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

### 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: HP Enterprise Services  
EDI Coordinator  
PO Box 30042  
Reno, Nevada 89520-3042

### For HPES Use Only

Service Center Code:	Testing begin: / /
EDI file updated on: / /	Put into production: / /
Provider file updated on: / /	