



Oklahoma SoonerCare EDI Application Providers

(Please type or print)

Section I – Provider Information

Provider Type (Check one): Physician Group Facility Other _____

Business Name: _____ Provider ID/NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

1st Contact: _____ Phone: _____ Fax: _____ Email: _____

2nd Contact: _____ Phone: _____ Fax: _____ Email: _____

EDI Software Vendor: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

Please indicate EDI transaction type being requested to send/receive:

- | | |
|--|--|
| <input type="checkbox"/> 837 Professional Claim | <input type="checkbox"/> 278 Prior Authorization Request |
| <input type="checkbox"/> 837 Institutional Claim | <input type="checkbox"/> 820 Capitation Payments |
| <input type="checkbox"/> 837 Dental Claim | <input type="checkbox"/> 834 PMP Roster |
| <input type="checkbox"/> 270/271 Eligibility Request/Response | <input type="checkbox"/> 276/277 Claim Status Request/Response |
| <input type="checkbox"/> 835 Remittance Advice **(Complete Section Below)** | |

Section II – Complete Only if Requesting the Electronic Remittance Advice (ERA)

This request is to: (Check One) **Enable 835 Remittance Advice & cease paper RA after 2 week overlap**
 Disable 835 & resume paper RA effective immediately

** Note: The 835 is elected by and generated for the individual provider. The provider has the option to designate a receiver. (See below)*

Provider ID/NPI Number(s) to be Enabled/Disabled:

1. ID: _____ Name: _____ 3. ID: _____ Name: _____

2. ID: _____ Name: _____ 4. ID: _____ Name: _____

Please place additional providers (as needed) on separate page & include as attachment.

Elect a Designated Receiver for All ERA(s):

Receiver's ID: _____ Name: _____ Contact Person: _____

Address: _____ Phone: _____ Email: _____

The 835 Electronic Remittance Advice (ERA) is an X12 transaction that may require special software to process. Paper remittances will cease once the 835 has been enabled. The 835 ERA may be switched back to paper with written notice, and paper copies of your remit may be requested at any time by submitting form HCA-18. As a courtesy, your paper remittances will continue for two weeks after the 835 is enabled. By signing this form you acknowledge that you have read and agree to these terms.

Section III – Signature & Date

*** **Authorized Signature:** _____ **Date:** _____

Please submit form by mail or fax to:
HP Enterprise Services Attn: EDI Department | 2401 NW 23rd St., Suite 11 | Oklahoma City, OK 73107
Fax: 405.416.6824

If you have any questions about this form or EDI procedures, please call the EDI Helpdesk at 405.416.6801 or email edihelpdesk@okxix.heg.eds.com