



Oklahoma SoonerCare EDI Application Trading Partners

(Please type or print)

Section I – Provider Information

Provider Type (Check one): Billing Agent Clearinghouse VAN Software Vendor

Business Name: _____ Submitter ID: _____

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 <i>**(Complete Section Below)**</i> | |

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.hcg.eds.com