



PO Box 11740
 Eugene, OR 97440-1740
 (541) 485-2155

EDI Registration

You must also complete a Trading Partner Agreement with LIPA. The TPA may be included with this form, or may have been submitted previously. A separate EDI Registration form must be completed for each EDI Submitter. Please be sure to type or print clearly. Required fields are marked with '*' and must be completed. This page includes the information about your organization. The second page contains the information about your EDI Submitter. You must complete this form for yourself if your company intends to submit its own transactions. Incomplete forms will be returned unprocessed. Please make a copy for your records.

Trading Partner Information

This registration is: New registration Revised registration Date:

*Name of Clinic, Provider or Institution

*Address Line 1:

Address Line 2:

*City, State ZIP

*Phone Number

Fax Number:

Person(s) Authorized to Change Information

*Primary Contact:

*Title:

*Phone Number:

Fax Number:

*E-mail Address:

Secondary Contact:

Title:

Phone Number:

Fax Number:

E-mail Address:

Data Contact at Organization

*Primary Contact:

*Title:

*Phone Number:

Fax Number:

*E-mail Address

Secondary Contact:

Title:

Phone Number:

Fax Number:

E-mail Address: _____

EDI Submitter Information

*Company Name: _____

*Address Line 1: _____

Address Line 2: _____

*City, State ZIP _____

*Submitter Type: Self Billing Service / Clearinghouse TPA Other _____

EDI Submitter's Contact Information

*Business Contact: _____ *Title: _____

*Phone Number: _____ *Fax Number: _____

*E-mail Address: _____

*Technical Contact: _____ *Title: _____

*Phone Number: _____ *Fax Number: _____

*E-mail Address: _____

Authorized Transactions

***Check all transactions for which authorization should be registered.**

Submitter will be performing 3rd Party testing / certification on our behalf

Submitter will be performing business to business testing on our behalf

	Version Requested
<input type="checkbox"/> 837 Professional Claims	
<input type="checkbox"/> 837 Institutional Claims	
<input type="checkbox"/> 835 Claims Payment/Advice (RA)	
<input type="checkbox"/> 834 Eligibility	
<input type="checkbox"/> 270 Eligibility Benefits Inquiry	
<input type="checkbox"/> 271 Eligibility Benefits Response	
<input type="checkbox"/> 276 Claims Status Request	
<input type="checkbox"/> 277 Claims Status Response	
<input type="checkbox"/> 278 Service Review, Request and Response (Referral and PA)	

NOTE: LIPA is currently only accepting ANSI version 4010A Format.

Signature

Signature: _____ Date: _____

Office use only

Date Received: _____ Disposition: Processed – Date: _____ Returned – Date: _____ Hold

EDI Company ID: _____ User ID Assigned: _____ Password Assigned: _____ By: _____

Notes / Reason for hold or return: _____

