



# Form for Electronic Claims Submission

Please provide the following information to set up the electronic transfer of 837 claim files.

Provider Name: \_\_\_\_\_  
Tax ID Number(s): \_\_\_\_\_  
NPI: \_\_\_\_\_

Do you have multiple locations that could benefit from electronic claims transfers?.....  Yes  No

**Business Contact**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Technical Contact**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please work with your technology staff to obtain any required software from an appropriate vendor. Your technology staff will need the information below.

**Group Health Cooperative Tax ID:** 396252984  
**NPI:** 1295800738

**Group Health Cooperative Values:**

Receiver ID Qualifier: ISA 07 'ZZ' or '30'  
Receiver ID: ISA 08 396252984  
Receiver's Code: GS 03 396252984

**Group Health Cooperative FTP site:**

We prefer a secure SSL connection through our website at: <https://ftps.group-health.com/thinclient/login.aspx>. Another option is to use PGP encryption with the traditional FTP site: <ftp.group-health.com>. An IT representative from Group Health Cooperative will provide your Username and Password.

For the Group Health Cooperative PGP key, contact EDI Operations by email at [boperator@group-health.com](mailto:boperator@group-health.com), or by phone at (888) 203-7770.

**Group Health Cooperative E-mail Notification:** [boperator@group-health.com](mailto:boperator@group-health.com)

Please contact EDI Operations at [boperator@group-health.com](mailto:boperator@group-health.com) or (888) 203-7770 if you have questions or if you would like to discuss other transmission options. Please fax completed forms to EDI Operations at (715) 552-3500. Thank you!