



Form for Electronic Claims Submission

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

Provider Name		
Tax ID(s)		
NPI(s)		
Business Contact	Phone	Email
Technical Contact	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'
 Receiver ID: ISA 08 396252984
 Receiver's Code: GS 03 GHC

File transmission through the Group Health Cooperative SFTP site:

- Must be able to submit a standard X12 837 formatted file
- SFTP connection: <https://sftp.group-health.com>
 - Connection set up form will be sent to the Business contact.
- If file level encryption is also required:
 - PGP encryption key will be provided to the Technical contact email address.

Please fax completed form to: EDI Operations Fax: 715.552.3500