



Eligibility Benefit

Inquiry and Response

Please provide the following information to set up the 270/271 Eligibility Benefit Inquiry and Response.

Provider Name: _____
 Tax ID Number(s): _____
 NPI: _____

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'
Receiver ID:	ISA 08	396252984
Receiver's Code:	GS 03	GHC

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, or by phone at (888) 203-7770.

Group Health Cooperative E-mail Notification: boperator@group-health.com

Please contact EDI Operations at 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!