



# Electronic Transfer Remittance Advice Form

**FOR PROVIDER USE ONLY**

Please provide the following information to set up the electronic transfer of 835 remittance advice.

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Tax ID Number(s): \_\_\_\_\_

NPI: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

If yes, please include a spreadsheet with the following information about each location: Provider Name, Tax ID & NPI

Which type of enrollment request? (Please place an 'X' next to applicable options listed below.)

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> New enrollment (when do you want it to take effect)               | Effective Date: _____ |
| <input type="checkbox"/> Change in enrollment (such as a switch in clearing houses)        | Effective Date: _____ |
| <input type="checkbox"/> Cancel enrollment (specify cancellation effective date)           | Effective Date: _____ |
| <input type="checkbox"/> Route to a clearing house (specify effective date & contact info) | Effective Date: _____ |

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

**Group Health Cooperative FTP site options (method of file retrieval):**

Secure SSL connection through our website at: <https://ftps.group-health.com/thinclient/login.aspx>

- Username/password will be provided to the Business Contact email address below.  
PGP encryption with the standard FTP site: <https://ftp.group-health.com>
- PGP encryption key will be provided to the Business Contact email address below.  
Other secure FTP or website option. Provide the following details to [boperator@group-health.com](mailto:boperator@group-health.com) in a secure email.
- IP address, user name, password, connection type, PGP supported (Y/N)

**Information provided below for your setup:**

Group Health Cooperative:	Group Health Cooperative Values:		
• Tax ID: 396252984	• Sender / Receiver ID Qualifier:	ISA 05	30
• NPI: 1295800738	• Sender / ReceiverID:	ISA 06	396252984
		GS 02	Provider Tax ID#

Would you like paper copies discontinued after 30 days once electronic set up has been completed?  Yes  No

**Business Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Technical Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email address to contact when setup is complete: \_\_\_\_\_

Please contact EDI Operations at [boperator@group-health.com](mailto:boperator@group-health.com) or (888) 203-7770 if you have questions.

Please fax completed forms to EDI Operations at (715) 552-3500. Thank you!