



Electronic Transfer Remittance Advice Form

Please complete all sections below to be set up for the electronic transfer of 835 remittance advice.

Provider Name:	
Provider Address:	
Tax ID(s):	
NPI(s):	
Name/Title:	Signature:

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: _____

Which type of file transfer?

Route to a clearing house (specify effective date & contact info) Effective Date: _____

Clearing House Name: _____

Clearing House Email: _____

If working with a clearing house, please follow their enrollment process.

Group Health Cooperative Secure FTP (must be able to ingest X12 835 standard format file):

- SFTP connection: <https://sftp.group-health.com>
 - o Connection set up form will be sent to the Business contact below
- If file level encryption is also required:
 - o PGP encryption key will be provided to the Technical contact email address below.
- If using a SFTP connection, please fax completed forms to EDI Operations at **(715) 552-3500**.

Information provided below for your setup:

Group Health Cooperative • Tax ID: 396252984 • NPI: 1295800738 • Payer ID: 95192	Group Health Cooperative Values • Sender/Receiver ID Qualifier: ISA 05 30 • Sender/Receiver ID: ISA 06 396252984 GS 02 Provider Tax ID#	
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<p>Business Contact</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Technical Contact (internal or clearing house)</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Please contact EDI Operations at EDIOperations@group-health.com or **(888) 203-7770** if you have questions.