Today’s date ___/___/___

☐ New EDI enrollment  ☐ Change in EDI enrollment

---

**Provider information**

Provider/group name ____________________________ Specialty ____________________________

Tax ID # ____________________________ NPI # ____________________________

Provider address ____________________________

City ____________________________ State _______ ZIP _______

Remittance address ____________________________

City ____________________________ State _______ ZIP _______

Provider phone - - Provider fax - -

Contact name ____________________________ Title ____________________________

Email ____________________________

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**Transaction information**

Which of the following transactions are you interested in submitting and/or receiving electronically?

*Please indicate the submission and/or delivery method by checking all that apply.*

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Direct submission</th>
<th>NEHEN</th>
<th>NEHENNet</th>
<th>Clearinghouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>270/271 — Eligibility</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>835 — Payment/remittance advice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>837 — Claim submission</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Which type of claims will you submit? *Check all that apply.*

☐ Professional  ☐ Institutional

How do you currently submit claims to Tufts Health Public Plans?

*Check all that apply.*  ☐ Paper  ☐ Direct  ☐ Clearinghouse

If you are using a clearinghouse or billing agency, who is it? ____________________________

What billing software do you use to generate EDI files? ____________________________

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**EDI submission and testing contact information**

*Internal*

Name ____________________________ Phone - -

Email ____________________________

*Vendor*

Name ____________________________ Phone - -

Email ____________________________

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Questions? Email us at EDI@tufts-health.com

5309A 07285  Form available at tuftshealthplan.com/providers  Phone: 888-257-1985