

Electronic Data Interchange Registration Form

Please save completed form and email as attachment to e-solutions.support@amerigroup.com **or** print completed form and fax to 1-866-959-2854.

Incomplete or illegible enrollment packages will be returned unprocessed.

Note: If submitting/receiving data via a clearinghouse, **do not** complete this form. Contact your clearinghouse directly for next steps.

Requestor/action:	Current submitter ID:
New Current submitter – submitter	- Add to existing setup (specify):
setup Current submitter — Change/update form (specify):	
Direct submitter type: Physician	☐ Hospital ☐ Clearinghouse ☐ Billing service
Nama	
Name:	
City:	Suite: SIP:
Contact name:	State: 211
	Fax:
Group billing NPI:	Tax ID:
Vendor information: Identify person(s) responsible for the development/maintenance of your EDI	
software.	
In-house development	
Technical contact name:	Phone:
Software/system vendor	
	Product:
Address (include suite):	
	State: ZIP:
Contact name:	Phone:
Email address (required):	Fax:
Data transmission method: SFTP HTTPS portal upload	
HTTPS or SOAP real time (27x transaction only)	
Select HIPPA transaction(s):	<u></u>
837P claim (professional)	270/271 eligibility 278 referral/authorization
837I claim (institutional)	276/277 claim status 835 payment advice/remit*
* After new submitter ID is assigned, complete the supplemental 835 Registration e-form. The links	
are on the EDI webpage to enroll in ERA only or combine ERA/EFT.	

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