EDI QUESTIONNAIRE

I. PROVIDER/GROUP INFORMATION

Organization Name: _____________________________________________________
Remit Address: ________________________________________________________
Tax- ID Number*: ______________________________________________________
Group/Individual NPI*: __________________________________________________

*For access to multiple facilities please list all Tax ID and Group NPI combinations

Contact Person: ________________________________________________________
Phone Number: _________________________________________________________
Email Address: __________________________________________________________

Check appropriate box(es) below:

☐ Web Portal Access Only - (Eligibility Inquiry/Provider Inquiry/Claim Status)
☐ Single Claim Submission - Manual Claim Entry (Professional CMS 1500 Claims Only)
☐ 837P Professional Direct Batch Submissions * – (Max 5k claims per batch, testing required)
☐ 837I Institutional Direct Batch Submissions * – (Max 5k claims per batch, testing required)

*Do not select these options if you are going to be submitting through a clearinghouse. This option is for organizations that would like to test to format and load their own 837 files.

II. EZNET WEB PORTAL USER ACCESS

1. Please list the names of the individual(s) who will need access to the EZ-Net website

   Under ‘User Privileges’ select the corresponding letter below for user access.
   Please know that we do not assign administrative privileges due to the complexity of our account creations.


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<th>Phone</th>
<th>Email</th>
<th>User Privileges</th>
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Please complete and return this form to CCA EDI:

Email: ccaedisupport@pcgus.com

Commonwealth Care Alliance Claims: P.O. Box 22080, Portsmouth, NH, 03802
Revised 04/12/2019
Page 1 of 1