



**ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT (ACPHD)
SB 12 PHYSICIAN REIMBURSEMENT PROGRAM
EDI ENROLLMENT APPROVAL AND INSTRUCTIONS**

Application Status		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED DATE: _____	
Your Application to process electronic claims for the SB 12 Physician Reimbursement Program has been:			
Your Trading Partner Name:			
Your Trading Partner ID:			
Your EDI Submitter Name:			
Your EDI Submitter ID:			
ACPHD Name:		ALAMEDA COUNTY - PHD	
ACPHD ID:		ACPHDSB12	
ACPHD FTP site for data exchange:		ftp://alcoftpl.co.alameda.ca.us	
Your FTP User Name:			
Your FTP Password:		It will be communicated by telephone.	
PKZIP Password:		It will be communicated by telephone.	
Trading Partner File Name Convention:		In order to communicate efficiently, the naming convention of every file will include three elements: 1) The FTP User Name assigned to the trading partner (included in the EDI Enrollment Approval and Instructions form); 2) The transaction number (837; 997 or 835) and 3) The date the file was created in CCYYMMDD format. (CALBER_997_20040317)	
Transactions being exchanged:		<ul style="list-style-type: none"> • 837 PROFESSIONAL CLAIM SUBMISSION (004010X098A1) • 835 HEALTH CARE CLAIM PAYMENT/ADVICE (RA) (004010X091A1) • 997 FUNCTIONAL ACKNOWLEDGMENT (ACPHD will produce for 837P) 	
ACPHD EDI CONTACT INFORMATION			
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