



**ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT (ACPHD)
 SB 12 PHYSICIAN REIMBURSEMENT PROGRAM
 Electronic Data Interchange (EDI)
 TRADING PARTNER AND SUBMITTER APPLICATION**

Submit completed form with original signature to: <p align="center">SB12 Manager 1000 Broadway, Suite 500 Oakland, Ca 94607</p>			
PART A			
TRADING PARTNER INFORMATION			
<input type="checkbox"/> A NEW APPLICATION		<input type="checkbox"/> A REVISED APPLICATION	
		DATE:	
¹ Name of Provider:			
² Trading Partner ID:			
Physical Address:			
City, State & Zip:			
Phone Number:		Fax Number:	
Authorized Signer Information (legally authorized signer):			
Primary Contact:		Title:	
Phone Number:		Fax number:	
Email Address:			
Claims Contact Information:			
Primary Contact:		Title:	
Phone Number:		Fax number:	
Email Address:			

¹ Name of provider organization (used in 835 1000B N102). Also considered the payee.

² Identification Code for the Trading Partner (used in 837 2010AA NM109). Usually is the Tax Identification Number.



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**PART B
 EDI SUBMITTER INFORMATION**

³ Name of EDI Submitter:			
⁴ EDI Submitter ID:			
Physical Address:			
City, State & Zip:			
Phone Number:		Fax Number:	
EDI Submitter's Contact Information			
Primary Contact:		Title:	
Phone Number:		Fax number:	
Email Address:			
Authorized Transactions ACPHD is currently accepting ANSI 4010A1 Formats			
• 837 PROFESSIONAL CLAIM SUBMISSION (004010X098A1)			
• 835 HEALTH CARE CLAIM PAYMENT/ADVICE (RA) (004010X091A1)			
• 997 FUNCTIONAL ACKNOWLEDGMENT (ACPHD will produce for 837P)			

Trading Partner Signature	
<p>I, the <u>Trading Partner authorized signer</u> requests that ACPHD enrolls the EDI Submitter as the entity to exchange electronic claims on my behalf. I will inform the EDI Submitter of all the pertinent terms established in the Trading Partner Guidelines.</p>	
Name: _____	
Signature: _____	Date: _____

³ Name of organization that acts on behalf of the Trading Partner (used in 837 1000A NM103).

⁴ Identification Code for the EDI Submitter (used in 837 ISA06-GS02-1000A NM109 || 835 and 997 ISA08-GS03). If left blank, ACPHD will assign.