



## **Physicians Plus Insurance Corporation**

### **HIPAA Transaction Standard Companion Guide**

### **834 Enrollment and Maintenance**

*For use with the  
X12N 834 (4010A1)*

#### **VERSION 1.0**

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Physicians Plus is pleased to provide you with this Companion Guide; however, it is a work in progress and may change from time to time. Therefore, Physicians Plus reserves the right to change this document at any time without notice. The most current version of the document will be posted to the Physicians Plus Employer Web site as updates are made.

## Introduction

Physicians Plus Insurance Corporation (Physicians Plus) places a high priority on making it easy for our customers to do business with us. Electronic enrollment is one of the ways we can do this. Electronic enrollment facilitates the transfer of enrollment information from your organization to ours in a standard data format.

The Physicians Plus Companion Guide is intended to be used alongside the HIPAA-AS Implementation Guide (IG), which provides comprehensive information needed to create an ANSI 834 transaction. Provided here is the specific companion document to the 834 Benefit Enrollment and Maintenance Transaction Set Implementation Guide. You will find documentation to support specific requirements of the *834 Benefit Enrollment and Maintenance* transactions. We have not changed the definitions, data conditions or use of a data elements or segments in the standard, added data elements or segments to the maximum defined data set, used any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s), or changed the meaning or intent of the HIPAA standards implementation specification. The HIPAA-AS Implementation Guide can be downloaded from the following internet address: [http://www.wpc-edc.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edc.com/hipaa/HIPAA_40.asp).

In addition to the data elements required to support the specific requirements of the 834 transaction, you will also find specific requirements that relate to how Physicians Plus will exchange information with you. In the following pages you will find:

- Phases of Electronic Enrollment
- Contact Information
- Enrollment File Types accepted
- General Rules and Format Layout Requirements
- Connectivity Instructions
- Security Requirements
- Compressing

## **Phases of Electronic Enrollment**

Electronic enrollment involves two phases: Start-up and Production. The Start-up phase includes the initial request from your organization to submit enrollment records electronically, review and approval of the request by Physicians Plus, testing, and final approval for production.

### **Start-up**

1. If you have an interest in electronic enrollment, you should contact your Account Executive (see Contact Information) to review the EDI Enrollment requirements and request set up information.
2. Alternatively, you can obtain an EDI Submission Request Form, an electronic version of the 834 Companion Guide, and a copy of the Trading Partner Agreement by logging onto the employer page of our Web site at [www.pplusic.com](http://www.pplusic.com)
3. Once you've had a chance to review and complete the required 834 Enrollment Set-up Form, Physicians Plus will coordinate a conference call with our vendor, Perot Systems, technical staff and your EDI experts to further discuss submission requirements.
4. If the 834 enrollment process is approved, Physicians Plus and Perot will complete the EDI Set-up Form with you and return to your EDI contact. If the form is not approved, the Physicians Plus account executive will work with you to handle any errors or omissions on the form.
5. Physicians Plus will next discuss whether or not we need to exchange a synchronization file, and discuss testing and an implementation schedule with your organization. In order to meet the agreed upon implementation date, it is important to adhere to this schedule. Testing generally extends over a period of 6 to 8 weeks.
6. Test only files may to be submitted to Perot via encrypted e-mail or FTP. Perot Systems will evaluate the files for complete and valid information. The test transactions will then be used to update Physicians Plus's eligibility test system. Perot Systems will provide feedback about errors and deviations relating to the front-end HIPAA-AS edits. And, also provide feedback about errors resulting from the updating of the eligibility test systems. Files may be corrected and resubmitted for further evaluation.
7. No live files will be accepted via e-mail. If FTP was not used to send the test files, the FTP connection will be tested.
8. When testing has been successfully completed and verified, Physicians Plus will provide production login information back to your organization.
9. Due to the heavy volume of transactions and re-enrollment activity in January, all requests for January 1 effective dates must be started soon enough to have all testing completed by 11/15.

## **Production**

1. Perot will make the necessary changes to the production environment and inform Physicians Plus that the system is ready for production. Physicians Plus will send the final confirmation to your organization.
2. An agreed-upon date for the first production file will be established and Perot will monitor the system to ensure the file processed correctly.
3. Perot Systems will edit the transaction for standard HIPAA format edits. Typically, all errors are worked through our Enrollment Department and therefore no error reports are generated.
4. If no errors have been detected, Physicians Plus's eligibility system will be updated within 24 hours of receipt of the transactions.
5. Failure to follow this process may result in incorrect or lost enrollment transactions, which may result in claims being suspended or rejected.

## **Contact Information**

Your Account Executive (in the Group Service department)  
Physicians Plus Insurance Corp.  
22 E. Mifflin Street, Suite 200  
Madison, WI 53703  
Phone: (800) 545-5015  
Fax: (608) 258-1906  
Email: [groupservice@pplusic.com](mailto:groupservice@pplusic.com)

## **Enrollment File Types**

The ANSI 834 transaction process allows for two types of enrollment files:

- Update (Change) File: A list of subscribers and covered dependents being added, updated or terminated. Subscribers without enrollment changes are not included on the file. You must use the subscriber's full record even when making changes to dependent records or demographic information.
- Full File Audits (Verify): A complete list of all currently active subscribers and covered dependents with or without changes.

Physicians Plus can receive electronic files on a daily, weekly, bi-weekly or monthly basis. Our preference for Change files is weekly. However, the frequency may be determined based on the level of enrollment activity and the number of group members.

## **General Rules and Format Layout Requirements**

This section covers the information that Physicians Plus requests to process your files efficiently. Please see the matrix for any detailed information that we may need to process your data.

- Our preference is to have the files Pushed to our FTP site. However, we can accommodate uploaded files as well.
- Files should be sent encrypted in the ANSI 834X12 format versions 4010 or 4010A1. One GS/GE (functional group) loop and one ST/SE (transaction) loop per transmission is preferred. If more than one of these loops is going to be sent please contact your Physicians Plus Account Executive to make them aware of it.
- Format monetary amounts with a decimal point.
- Alphabetic characters should be sent as upper case. Names and address should be sent with no punctuation. The '@', '~', '\*', '<' and '>' characters are preferred as delimiters within the transmission. Only loops, segments and data elements valid for the HIPAA Benefit Implementation Guide will be translated.
- Physicians Plus may reject an interchange (transmission) that is submitted with an invalid value in the GS03 (Application Receivers Code based on the carrier definition.)
- COB and MSP information requested in the ANSI 834 transaction is required to ensure appropriate determination of order of payments involving other carriers and/or the Center for Medicare and Medicaid Services.
- Primary Care Provider (PCP) designation should be submitted with proper identification numbers for each family member. You may locate this information from our provider directory or on our Web site at [www.pplusic.com](http://www.pplusic.com)
- The file naming will be agreed upon at the time the accounts are created or new files are to be added to the service. Because of the mechanics of our file automation process we ask that filenames not contain hyphens (-), underscores (\_) or other "special" characters. A simple alpha-numeric file name that is relatively descriptive of the file will almost always suffice.

## **Connectivity Instructions**

Instructions for accessing the FTP server will be provided following approval of the EDI Set-up process. We reserve the right to change the process time due to holidays, system upgrades, etc. Please check the log window for any informational messages.

## **Security**

For security reasons you will need to install PGP security software on your system. PGP is software that is purchased from the vendor of your choice and installed on your system. It is also available as shareware. To use PGP encryption for your data security, you will need to exchange public keys with Physicians Plus and install the Physicians Plus Public key on your key ring. Before sending files to us, encrypt the file with the Physicians Plus public PGP key. After receiving files, decrypt with them with your private PGP key.

## **Compressing the file**

You can choose to compress files to reduce the transfer time. Use a PK ware-compatible Zip program. The compressed file should have the standard file name with the .zip extension added to the end of the name. The uncompressed file needs to follow the standard naming convention. Should you decide to compress your files, we ask that you do so as part of your regular procedure and coordinate any deviations from this procedure with us prior to submission.

### 834 Data Element Matrix

The following matrix may assist you in creating an 834 transaction for Physicians Plus. It provides Physicians Plus's expectations of values in each data element. **When a field is indicated as situational, Physicians Plus assumes that if you have valid values for a data element, you are sending the information.** For example, if an individual has a Medicare Plan Code, you are expected to send that information. Therefore, situational does not necessarily mean optional.

Segment	Reference	Required or Situational	IG Comments	Comments (including valid values, formats, etc.)
<b>ISA</b>		<b>Required</b>	<b>Interchange Control Header</b>	
	ISA01	R	Authorization Information Qualifier	Always "00" (zero-zero) No authorization.
	ISA02	R	Authorization Information	Always blank (Fill with 10 spaces.)
	ISA03	R	Security Information Qualifier	Always "00" – No authorization.
	ISA04	R	Security Information	Always blank (Fill with 10 spaces.)
	ISA05	R	Interchange ID Qualifier	Always "ZZ" to indicate mutually defined.
	ISA06	R	Interchange Sender ID	Use the submitter ID Provided Name of sender submitting file. This field must be 15 bytes and left justified.
	ISA07	R	Interchange ID Qualifier	Always "ZZ" to indicate mutually defined.
	ISA08	R	Interchange Receiver ID	Always "362669023" to indicate Physicians Plus.
	ISA09	R	Interchange Date	Date format of YYMMDD.
	ISA10	R	Interchange Time	Time format of HHMM.
	ISA11	R	Interchange Control Standards Identifier	"U"
	ISA12	R	Interchange Control Version Number	"00401"
	ISA13	R	Interchange Control Number	The unique interchange control number. (Must be identical to IEA02.)
	ISA14	R	Acknowledgement Requested	"0" if no acknowledgement is requested, "1" if an acknowledgement is requested.
	ISA15	R	Usage Indicator	"T" for Test data, "P" for Production data.
ISA16	R	Component Element Separator	Use a delimiter from the following list: >,*,~,^,   and :	
<b>GS</b>		<b>Required</b>	<b>Functional Group Header</b>	
	GS01	R	Functional Identifier Code	"BE" to indicate Benefit Enrollment and Maintenance.

	GS02	R	Application Sender's Code	Same as ISA06.
	GS03	R	Application Receiver's Code	Same as ISA08.
	GS04	R	Date	Date format of CCYYMMDD.
	GS05	R	Time	Time format of HHMM.
	GS06	R	Group Control Number	The unique functional group control number. (Must be identical to GS02.)
	GS07	R	Responsible Agency Code	"X"
	GS08	R	Version/Release/Industry Identifier Code	"004010X095A1"
<b>ST</b>		<b>Required</b>	<b>Transaction Set Header</b>	
	ST01	R	Transaction Set Identifier Code	"834"
	ST02	R	Transaction Set Control Number	The unique transaction set control number. (Must be identical to ST02.)
<b>BGN</b>		<b>Required</b>	<b>Beginning Segment</b>	
	BGN01	R	Transaction Set Purpose Code	"00" (zero-zero).
	BGN02	R	Reference Identification	ID to be used for reference purposes. Must be unique per transaction set over time, so it is best to use a convention such as <datetimestamp+counter>. For example, 20031021145300000001.
	BGN03	R	Transaction Set Creation Date	Date format of CCYYMMDD.
	BGN04	R	Transaction Set Creation Time	Time format of HHMM.
	BGN08	R	Action Code	"2", for Change or Update, "4" for Verify.
<b>Loop 1000 A</b>		<b>Required</b>	<b>Sponsor</b>	
<b>NI</b>		<b>Required</b>	<b>Sponsor Name</b>	
	NI01	R	Entity Identifier Code	"P5" for Plan Sponsor.
	NI02	R	Plan Sponsor Name	Group Name determined by Physicians Plus.
	NI03	R	Identification Code Qualifier	See IG for valid values.
	NI04	R	Sponsor Identifier	See IG for valid values.
<b>Loop 1000 A</b>		<b>Required</b>	<b>Payer</b>	
<b>NI</b>		<b>Required</b>	<b>Payer</b>	
	NI01	R	Entity Identifier Code	"IN" for Insurer.
	NI02	S	Insurer Name	Carrier Name or ID.
	NI03	R	Identification Code Qualifier	"FI"
	NI04	R	Insurer Identifier	362669023

<b>Loop 2000 INS</b>		<b>Required</b>	<b>Member Level Detail</b>	
	INS01	<b>Required</b> R	<b>Member Level Detail</b> Subscriber Indicator	“Y” for Subscriber records, “N” for Dependent records
	INS02	R	Individual Relationship Code	See IG for valid values.
	INS03	R	Maintenance Type Code	See IG for valid values.
	INS04	R	Maintenance Reason Code	See Reason Code/Date Matrix for valid values.
	INS05	R	Benefit Status Code	See IG for valid values.
	INS06	S	Medicare Plan Code	See IG for valid values.
	INS07	S	COBRA Qualifying	See IG for valid values.
	INS08	S	Employment Status Code	See IG for valid values.
	INS09	S	Student Status Code	See IG for valid values.
	INS10	S	Handicap Indicator	See IG for valid values.
	INS17	S	Birth Sequence Number	See IG for valid values.
<b>REF</b>		<b>Required</b>	<b>Subscriber Number</b>	
	REF01	R	Reference Identification Qualifier	“0F” for Subscriber Number
	REF02	R	Reference Identification	Subscriber Number, or Family ID
<b>REF</b>		<b>Required</b>	<b>Member Policy Number</b>	
	REF01	R	Reference Identification Qualifier	“IL” for Group or Policy Number
	REF02	R	Reference Identification	Group or Policy Number
<b>REF</b>		<b>Situational</b>	<b>Member Identification Number</b>	
	REF01	R	Reference Identification Qualifier	“DX” for Department/Agency Number
	REF02	R	Reference Identification	Department Number
<b>REF</b>		<b>Situational</b>	<b>Prior Coverage Months</b>	
	REF01	R	Reference Identification Qualifier	“QQ” for Unit Number
	REF02	R	Reference Identification	Prior Coverage Month Count
<b>DTP</b>		<b>Required</b>	<b>Member Level Dates</b>	
	DTP01	R	Date/Time Qualifier	See Reason Code/Date Matrix for valid values.
	DTP02	R	Date Time Period Format Qualifier	“D8”
	DTP03	R	Date Time Period	Relevant date corresponding to DTP01
<b>Loop 2100A NMI</b>		<b>Required</b>	<b>Member Name</b>	
		<b>Required</b>	<b>Member Name</b>	
	NM101	R	Entity Identifier Code	“IL” for Insured or Subscriber
	NM102	R	Entity Type Qualifier	“I” for Person
	NM103	R	Name Last or Organization Name	Member’s Last Name

	NM104	R	Name First	Member's First Name
	NM105	S	Name Middle	Member's Middle Initial
	NM106	S	Name Prefix	Member's Name Prefix
	NM107	S	Name Suffix	Member's Name Suffix
	NM108	S	Identification Code Qualifier	"34" for Social Security Number
	NM109	S	Identification Code	Member's Social Security Number
<b>PER</b>		<b>Situational</b>	<b>Member Communications Numbers</b>	
	PER01	R	Contact Function Code	"IP" for Insured Party
	PER03	R	Communication Number Qualifier	See IG for valid values.
	PER04	R	Communication Number	See IG for valid values.
	PER05	R	Communication Number Qualifier	See IG for valid values.
	PER06	R	Communication Number	See IG for valid values.
<b>N3</b>		<b>Situational</b>	<b>Member Residence</b>	
			<b>Street Address</b>	
	N301	R	Address Information	Address Line 1
	N302	S	Address Information	Address Line 2
<b>N4</b>		<b>Situational</b>	<b>Member Residence City, ST, Zip</b>	
	N401	R	City Name	
	N402	R	State or Province Code	
	N403	R	Postal Code	
	N404	S	Country Code	As IG states, required only if country is not USA.
<b>DMG</b>		<b>Situational</b>	<b>Member Demographics</b>	
	DMG01	R	Date Time Period Format Qualifier	"D8"
	DMG02	R	Date Time Period	Member Birth Date
	DMG03	R	Gender Code	See IG for valid values.
	DMG04	S	Marital Status Code	See IG for valid values.
<b>ICM</b>		<b>Situational</b>	<b>Member Health Information</b>	
	ICM01	R	Frequency Code	See IG for valid values.
	ICM02	R	Monetary Amount	Wage Amount (Annual)
	ICM03	S	Quantity	Number of work hours
	ICM04	S	Location Identifier	Work Location Identifier
	ICM05	S	Salary Grade	Salary Grade
<b>LUI</b>		<b>Situational</b>	<b>Language</b>	
	LUI01	R	Code Qualifier	See IG for valid values
	LUI02	R	Language Code	See IG for valid values
<b>Loop 2100B</b>		<b>Situational</b>	<b>Incorrect Member Name</b>	

<b>NMI</b>		<b>Situational</b>	<b>Incorrect Member Name</b>	
	NM101	R	Entity Identifier Code	“70” for Prior Incorrect Insured
	NM102	R	Entity Type Qualifier	“I” for Person
	NM103	R	Name Last or Organization Name	Prior Incorrect Insured Last Name
	NM104	R	Name First	Prior Incorrect Insured First Name
	NM105	S	Name Middle	Prior Incorrect Insured Middle Name
	NM106	S	Name Prefix	Prior Incorrect Insured Name Prefix
<b>DMG</b>		<b>Situational</b>	<b>Incorrect Member Demographics</b>	
	DMG01	R	Date Time Period Format Qualifier	“D8”
	DMG02	R	Date Time Period	Prior Incorrect Insured Birth Date
<b>Loop 2100G</b>		<b>Situational</b>	<b>Responsible Party</b>	
<b>NMI</b>		<b>Situational</b>	<b>Incorrect Member Name</b>	
	NM101	R	Entity Identifier Code	See IG for valid values
	NM102	R	Entity Type Qualifier	“I” for Non-Person Entity
	NM103	R	Name Last or Organization Name	Last Name
<b>PER</b>		<b>Situational</b>	<b>Member Communications Numbers</b>	
	PER01	R	Contact Function Code	“RP” for School Clerk
	PER03	R	Communication Number Qualifier	See IG for valid values.
	PER04	R	Communication Number	See IG for valid values.
	PER05	R	Communication Number Qualifier	See IG for valid values.
	PER06	R	Communication Number	See IG for valid values.
<b>N3</b>		<b>Situational</b>	<b>Member Residence Street Address</b>	
	N301	R	Address Information	Address Line 1
<b>N4</b>	N302	S	Address Information	Address Line 2
		<b>Situational</b>	<b>Member Residence City, ST, Zip</b>	
	N401	R	City Name	
	N402	R	State or Province Code	
	N403	R	Postal Code	
<b>Loop 2300</b>	N404	S	Country Code	As IG states, required only if country is not USA.
		<b>Situational</b>	<b>Health Coverage</b>	
<b>HD</b>		<b>Situational</b>	<b>Health Coverage</b>	

	HD01	R	Maintenance Type Code	See IG for valid values.
	HD03	R	Insurance Line Code	See IG for valid values.
	HD04	S	Plan Coverage Description	Plan Coverage Description
	HD05	S	Coverage Level Code	See IG for valid values.
<b>DTP</b>		<b>Required</b>	<b>Health Coverage Dates</b>	
	DTP01	R	Date/Time Qualifier	“348” for Benefit Begin Date, or “349” for Benefit End Date or “303” for Maintenance Effective
	DTP02	R	Date Time Period Format Qualifier	“D8”
	DTP03	R	Date Time Period	Coverage Date
<b>REF</b>		<b>Situational</b>	<b>Reference Data</b>	
	REF01	R	Reference Identification Qualifier	“IL:” or “ZZ” fro group/policy number
	REF02	R	Reference value	Group/policy value
<b>Loop 2310 NMI</b>		<b>Situational</b>	<b>Provider Information</b>	
		<b>Required</b>	<b>Provider Name</b>	
	NM101	R	Entity Identifier Code	See IG for valid values.
	NM102	R	Entity Type Qualifier	See IG for valid values.
	NM103	S	Name Last or Organization Name	Provider Last or Organization Name
	NM104	S	Name First	Provider First Name
	NM105	S	Name Middle	Provider Middle Name
	NM108	S	Identification code qualifier	See IG for values
	NM109	S	Identification code	See IG for values
<b>PLA</b>		<b>Situational</b>	<b>PCP Change Reason</b>	
	PLA01	R	Action Code	“2” for Change (Update)
	PLA02	R	Entity Identifier Code	“IP” for Provider
	PLA03	R	Date	Effective Date of Change of PCP (in format CCYYMMDD)
	PLA05	R	Maintenance Reason Code	See IG for valid values.
<b>Loop 2320 COB</b>		<b>Situational</b>	<b>Coordination of Benefits</b>	
		<b>Situational</b>	<b>Coordination of Benefits</b>	
	COB01	R	Payer Responsibility Sequence Number Code	See IG for valid values.
	COB02	S	Reference Identification	Insured Group or Policy Number
	COB03	R	Coordination of Benefits Code	See IG for valid values.
<b>NI</b>		<b>Situational</b>	<b>Other Insurance Company Name</b>	
	NI01	R	Entity Identifier Code	“IN” for Insurer

<b>DTP</b>	NI02	R	Reference Identification	Insurer Name
		<b>Situational</b>	<b>Coordination of Benefits Eligibility Dates</b>	
	DTP01	R	Date/Time Qualifier	“344” for Coordination of Benefits Begin Date, or “345” for Coordination of Benefits End Date
<b>SE</b>	DTP02	R	Date Time Period Format Qualifier	“D8”
	DTP03	R	Date Time Period	Coordination of Benefits Date
		<b>Required</b>	<b>Transaction Set Trailer</b>	
	SE01	R	Number of Included Segments	
	SE02	R	Transaction Set Control Number	The unique transaction set control number. (Must be identical to ST02.)
<b>GE</b>		<b>Required</b>	<b>Functional Group Trailer</b>	
	GE01	R	Number of included transaction sets	
	GE02	R	Group Control Number	The unique functional group control number. (Must be identical to GS06.)
<b>IEA</b>		<b>Required</b>	<b>Interchange Control Trailer</b>	
	IEA01	R	Number of included functional groups	Should always be “1”, since we are allowing only one functional group (GS/GE segment) per interchange.
	IEA02	R	Interchange Control Number	The unique interchange control number. (Must be identical to ISA13.)

**Reason Code/Date Matrix**

The following chart indicates which member level date codes (DTP01 of Loop 2000 Member Level Detail) are expected for a particular maintenance reason code (INS04). In all cases, at least one type of date is required, but if other dates are also listed, Physicians Plus expects that the trading partner will provide that date information if available. This is indicated in the “Date required?” field.

In the cases of individuals with Medicare, Physicians Plus expects a Medicare Begin Date (338) and/or a Medicare End Date (339) in addition to any other relevant dates.

Maintenance Reason Code	Maintenance Reason Description	Member Level Date Code	Member Level Date Description	Date Required?
01	Divorce	357	Eligibility End	Yes
02	Birth	356	Eligibility Begin	Yes
03	Death	357	Eligibility End	Yes
05	Adoption	356	Eligibility Begin	Yes
07	Termination of Benefits	357	Eligibility End	Yes
08	Termination of Employment	337	Employment End	Yes
11	Surviving Spouse	356	Eligibility Begin	Yes
14	Voluntary Withdrawal	337	Employment End	Yes
15	PCP Change	303	Maintenance Effective	Yes
16	Quit	337	Employment End	Yes
17	Fired	337	Employment End	Yes
18	Suspended	337	Employment End	Yes
20	Active	336	Employment Begin	Yes
21	Disability	338	Medicare Begin	Yes
22	Plan Change	303	Maintenance Effective	Yes
25	Change in Identifying Data Elements	303	Maintenance Effective	Yes
26	Declined Coverage	357	Eligibility End	Yes
28	Initial Enrollment	336	Employment Begin	Yes
29	Benefit Selection	356	Eligibility Begin	Yes
32	Marriage	356	Eligibility Begin	Yes
33	Personnel Data	303	Maintenance Effective	Yes
37	Leave of Absence with Benefits	337	Employment End	Yes
38	Leave of Absence without Benefits	337	Employment End	Yes
39	Lay Off with Benefits	337	Employment End	Yes
40	Lay Off without Benefits	337	Employment End	Yes
43	Change of Location	303	Maintenance Effective	Yes
XN	Notification Only	356	Eligibility Begin	Yes
XT	Transfer	303	Maintenance Effective	Yes

**Appendix A – 834 Enrollment EDI Set-Up / Change Form**

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**ACTION REQUESTED:**       New 834 Request       Request to Change Existing File/Form

Date of Request: \_\_\_\_\_

Group Company Name: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Person #1** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Contact Person #2** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please complete if you are using a Clearinghouse or TPA to submit your files.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Person #1** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Contact Person #2** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Special Notes or Considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**834 TRANSACTION INFORMATION:**

Type of File Transaction:  Full File (Positive) - All Eligibility  Change File

Frequency of Submission:  Weekly (P+ preference) Day of Week: \_\_\_\_\_

Other: \_\_\_\_\_

Full Audit file (if Change file is selected above):  Monthly  Quarterly  Annual

**Delivery Method:**  Push File to Physicians Plus (P+ Preference)  Upload File (see below)

If you prefer an UPLOAD file transfer, please complete the following:

**FTP address:** \_\_\_\_\_  
**User ID:** \_\_\_\_\_  
**Password:** \_\_\_\_\_  
**File location on server:** \_\_\_\_\_  
**File name:** \_\_\_\_\_  
**When files are available:** \_\_\_\_\_

**File Receipt Notification Requirements:**

- No Response necessary.
- E-mail \_\_\_\_\_
- Web site/URL \_\_\_\_\_
- Other: \_\_\_\_\_

If you already have codes set up you may fill in the Submitter Questions below. Otherwise, Physicians Plus will complete:

**Submitter ID and qualifier (ISA05 and 06):** \_\_\_\_\_

**Submitters Application Sender's code (GS02):** \_\_\_\_\_

**Physicians Plus ID (ISA07 and 08):** XX XXXXXXXXXXXXXXXXX

**Physicians Plus Receiver's code (GS03):** XXXXXXXXXXXXXXXXX

**EDI ID (assigned by PPIC for internal use):** \_\_\_\_\_