



Application to Create New Trading Partner for Real -Time Transactions

Requester Information:

Your Name: _____

Your Title: _____

Your Company: _____

Your Telephone Number: _____

Trading Partner Information:

Trading Partner Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code _____

Contact Name: _____

Telephone Number: _____ Extension _____

Office Fax Number: _____ Internet E-mail Address: _____

Federal Tax Identification Number (TIN) or Employer Identifier Number (EIN) _____

Administrator Information:

The Administrator will act as the primary contact for this Trading Partner. All responses will be sent via email to the Administrator as well as the requester listed at the top of this application. Please complete section with the information necessary to identify the primary contact, or Administrator; for this Trading Partner.

Administrator Name: _____

Telephone Number: _____ Extension: _____

E-mail Address: _____

Trading Partner Type:

Professional Provider Institutional Provider (Facility)

- <http://www.gatewayhealthplan.com/sites/default/files/documents/TradingPartnerAgreement.pdf>

Billing Service (Professional) Billing Service (Institutional)

- <http://gatewayhealthplan.com/sites/default/files/documents/ClearinghouseVendorTradingPartnerAgreement.pdf>

Transmission Type:

- Internet

Internet Transactions

Gateway Health's Real-Time transactions that are available via real-time;

270/271

276 /277

Software Vendor Information:

Name of Software: _____

Vendor Name: _____

Contact Name: _____

Contact Telephone number: _____ Extension: _____

Contact E-mail Address: _____

Please check this box if you do your own EDI software programming.

Transaction Testing:

Gateway Health strongly encourages all EDL customers to submit HIPAA-compliant transaction testing for review prior to the submission of "production" transactions.

Testing Contact Name: _____

Testing Contact Telephone number: _____ Extension: _____

Testing Contact E-mail Address: _____

A confirmation letter, including Login ID, password, and the URL of the Validator test site will be sent via e-mail if an e-mail address has been provided.

Additional Comments:

Please use this space for additional description or instruction.

To continue the EDI enrollment process you must agree to the terms and conditions of Gateway Health's EDI services.

By checking this checkbox and signing below, and using these services, you accept, without limitation or qualification, the terms and conditions of Gateway Health's EDI Trading Partner Agreement(s), in accordance with your Trading Partner Type, and acknowledge that any other EDI agreement between you and Gateway Health is suspended.

Authorized Signature:

Written Signature of Person authorized to setup Real-Time Transactions: _____

Printed Name of Person authorized to setup Real-Time Transactions: _____

Printed Title of Person authorized to setup Real-Time Transactions: _____

Telephone Number: _____ Email Address: _____

Submission Date: ____/____/____

Please email/fax/mail this information, along with a completed copy of the Trading Partner Agreement to:

Email: 270-276Enrollment@gatewayhealthplan.com

System Administration Fax: 855-878-4166

Gateway Healthsm

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