

Oklahoma SoonerCare EDI Application Trading Partners

(Please type or print)

New App

Amended App

Company Information

Provider Type (Check one): Billing Agent Clearinghouse VAN Software Vendor

Business Name: _____ Submitter ID/Tax ID: _____

Address: _____ City: _____ State: _____ Zip: _____

1st Contact: _____ Phone: _____ Fax: _____ Email: _____

2nd Contact: _____ Phone: _____ Fax: _____ Email: _____

EDI Software Vendor (if applicable): _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

Note: Testing will be required on all new requests. You will be contacted via email once your application has been processed.

Please indicate EDI transaction type being requested to send/receive:

837 Professional Claim

837 Institutional Claim

837 Dental Claim

270/271 Eligibility Request/Response

835 Remittance Advice

278 Prior Authorization/Referral Request

820 Capitation Payments

834 PMP Roster

276/277 Claim Status Request/Response

Signature & Date

Authorized Signature: _____ Date: _____

Please submit form by email to oklahomaediapps@gainwelltechnologies.com

Questions about this form or EDI procedures? Please call the EDI Helpdesk at 1-800-522-0114 *option 2, 2* or email:

oklahomaediapps@gainwelltechnologies.com