

**INTEGRANET HEALTH TPA SERVICES
EDI REGISTRATION FORM**



Please check one:

- I am requesting access to the IntegraNet Health TPA Services Provider Portal
- I am updating existing access to the IntegraNet Health TPA Services Provider Portal
- I am removing/terminating access to the IntegraNet Health TPA Services Provider Portal

1. TAX INFORMATION (One Tax ID per EDI Enrollment Form. For additional TAX IDs, you must complete a separate EDI Enrollment Form).

TAX ID #:

2. CONTACT INFORMATION

Office/Clinic/Facility Name:			
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Primary Contact Name:	Phone:	Email:	
Secondary Contact Name:	Phone:	Email:	
Please list any questions or comments here:			

3. TRADING PARTNER INFORMATION

Trading Partner Name:			
Address:	City:	State:	Zip:

