EDI QUESTIONNAIRE

I. **PROVIDER/GROUP INFORMATION**

Organization Name: _____

Remit Address: _____

Tax- ID Number*: _____

Group/Individual NPI*: _____

*For access to multiple facilities please list all Tax ID and Group NPI combinations

Contact Person: _____

Phone Number: _____

Email Address: _____

Check appropriate box(es) below:

☐ **Web Portal Access Only** - (Eligibility Inquiry/Provider Inquiry/Claim Status)

☐ **Single Claim Submission -** Manual Claim Entry (Professional CMS 1500 Claims Only)

☐ **837P Professional Direct Batch Submissions** * – (Max 5k claims per batch, testing required)

☐ **837I Institutional Direct Batch Submissions** * – (Max 5k claims per batch, testing required)

Do not select these options if you are going to be submitting through a clearinghouse. This option is for organizations that would like to test to format and load their own 837 files.

II. **EZNET WEB PORTAL USER ACCESS**

1. Please list the names of the individual(s) who will need access to the EZ-Net website

   Under 'User Privileges' select the corresponding letter below for user access.
   Please know that we do not assign administrative privileges due to the complexity of our account creations.

   a. Web Access Only   b. Single Claim Submissions   c. Direct Batch Submissions

Name	Phone	Email	User Privileges

Please complete and return this form to CCA EDI:
Email: ccaedisupport@pcgus.com