



Trillium Community Health Plan
PO Box 11740
Eugene, OR 97440-1740
(541) 485-2155

EDI Registration

Please complete a separate EDI Registration form for each provider organization as it appears on the W9 filed with Trillium during enrollment. Required fields are marked with "*" and must be completed. This page includes the information about your provider organization. The second page contains the information about who submits the information on your behalf. If you choose to submit claims directly please complete a TPA form as well as this EDI Registration. Incomplete forms will be returned unprocessed. Please make a copy for your records. Email completed forms to edisupport@trilliumchp.com or fax to 541-434-1067.

Trading Partner Information

This registration is: New registration Revised registration Date: _____

*Name of Clinic, Provider or Institution (Provider Organization)		* Billing NPI	
*Address Line 1:			
Address Line 2:			
*City, State ZIP			
*Phone Number		Fax Number:	

Person(s) Authorized to Change Information

*Primary Contact:	*Title:	
*Phone Number:	Fax Number:	
*E-mail Address:		
Secondary Contact:	Title:	
Phone Number:	Fax Number:	
E-mail Address:		

Data Contact at Organization

*Primary Contact:	*Title:	
*Phone Number:	Fax Number:	
*E-mail Address		
Secondary Contact:	Title:	
Phone Number:	Fax Number:	
E-mail Address:		

EDI Submitter Information

*Company Name:

*Address Line 1:

Address Line 2:

*City, State ZIP

*Submitter Type: Self Billing Service / Clearinghouse TPA Other _____

EDI Submitter's Contact Information

*Business Contact:

*Title:

*Phone Number:

*Fax Number:

*E-mail Address:

*Technical Contact:

*Title:

*Phone Number:

*Fax Number:

*E-mail Address:

Authorized Transactions

***Check all transactions for which authorization should be registered.**

<input type="checkbox"/>	Submitter will be performing 3 rd Party testing / certification on our behalf	
<input type="checkbox"/>	Submitter will be performing business to business testing on our behalf	
		Version Requested
<input type="checkbox"/>	837 Professional Claims 5010A1	
<input type="checkbox"/>	837 Institutional Claims 5010A2	
<input type="checkbox"/>	835 Claims Payment/Advice (ERA) Please complete an ERA Registration form for the 835	
<input type="checkbox"/>	834 Eligibility	
<input type="checkbox"/>	270 Eligibility Benefits Inquiry	
<input type="checkbox"/>	271 Eligibility Benefits Response	
<input type="checkbox"/>	276 Claims Status Request	
<input type="checkbox"/>	277 Claims Status Response	
<input type="checkbox"/>	278 Service Review, Request and Response (Referral and PA)	

NOTE: Trillium is currently only accepting ANSI version 5010 Format.

Signature (Typewritten name is considered a signature)

Signature: _____ Date: _____

Office use only

Date Received:

Disposition:

Processed – Date: _____ Returned – Date: _____ Hold

EDI Company ID:

User ID Assigned:

Password Assigned:

By:

Notes / Reason for hold or return: