

Horizon Casualty Services, Inc. Electronic Transaction Authorization Form

Trading Partner Name: _____

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

Contact: _____

Phone: _____ Fax: _____ E-mail Address: _____

Tax ID: _____ Group NPI Number: _____
(Required for Hospital, Facility, Physician & Other Health Care Professional)

Please check: Bills Attachments

Trading Partner	Rules and Regulations
<input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Service <input type="checkbox"/> Hospital, Facility, Physician or Other Health Care Professional	<p>We agree to fully program all aspects of the Horizon Casualty Services Specifications for the transactions we desire to send electronically to assure accurate and complete data transmission. We agree to program all transaction specific edits as outlined in the Horizon Casualty Services Companion Guide to assure a limited number of rejects. We agree to make all programming changes requested by Horizon Casualty Services as promptly as reasonably possible. We agree to maintain the confidentiality of our Test and Production Submission IDs and Passwords and prevent unauthorized users from committing data security violations with our Submission IDs and Passwords. We realize that it is our responsibility to retrieve any and all reports that are put in our electronic mailbox by Horizon Casualty Services detailing the results of our transmission(s). We agree to notify Horizon Casualty Services if we discontinue sending electronic transmissions and before beginning to use other means of electronic transmissions.</p>
Transmission Type	Electronic Transactions Available
Bills: ASC X12 <input type="checkbox"/> 837I - Hospital or Facility <input type="checkbox"/> 837P - Physician or other Health Care Professional	<ol style="list-style-type: none"> 1. Trading partners are required to successfully test 837 file transmissions with Horizon Casualty Services. 2. Horizon Casualty Services will send a 999 Acknowledgement file with all 837 transmissions. 3. Horizon Casualty Services will send a 999 Acknowledgement for syntax errors. <p>Horizon Casualty Services Companion Guide is available at: horizoncasualty.com/resources/electronic-billing</p>
Attachments/Medical Records <input type="checkbox"/> SFTP	<p>Trading partners must provide the SFTP IP(s) that will be used to access Horizon Casualty's SFTP server.</p>

Signature

Title

Print / Type Name

Date

Email, Mail or Fax completed form to:

Horizon Casualty Services, Inc.
 EDI Services PP- 02W
 3 Penn Plaza East
 Newark, NJ 07105-2200
 Fax Number: 1-973-274-4353
 HorizonEDI@HorizonBlue.com

Horizon Casualty Services, Inc. Trading Partner Information

Trading Partner IP Addresses or IP Range

IP Address _____ IP Address _____

IP Address _____ IP Address _____

Trading Partner Contact Information

General Contact: _____

Telephone Number: _____ Email Address: _____

After Hours Contact: _____

Telephone Number: _____ Email Address: _____

*File Transfer Contact: _____

Telephone Number: _____ Email Address: _____

(*Required field must list an Individual's email address)
