

BRAVEN HEALTH

EDI Services Trading Partner Checklist

You may email this completed form to BravenEDI@BravenHealth.com or fax this completed form to **1-973-522-4665**. The Braven Health Payer ID is **84367**.

TRADING PARTNER INFORMATION

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

CONTACT INFORMATION

General Contact: _____

Telephone: _____ Email: _____

IT Contact: _____

Telephone: _____ Email: _____

After-Hours Contact: _____

Telephone: _____ Email: _____

PLEASE SPECIFY

Vendor Name: _____

Clearinghouse Name: _____

Hospital/Facility Information:

Six-Digit UPIN: _____ NPI: _____

TIN(s): _____

Include all TIN suffixes as appropriate

TRANSACTION TYPES

Batch: 837P 837I

Real Time: 270/271 276/277 278A

999 ACKNOWLEDGEMENT Yes, I would like to receive a positive 999 Acknowledgement for my 837 files
 No, I would not like to receive a positive 999 Acknowledgement for my 837 files.
(A negative 999 Acknowledgement is standard and is automatically sent for syntax errors.)

COMMUNICATION SFTP HTTPS MQ Series

Note: Hospitals who experience network or firewall issues, should contact their IT and Network Teams. All SFTP/SSH protocol file transmissions will be done via standard SFTP Port 22 using password authentication (Please use Production URL EDISFTP.Horizon-BCBSNJ.com to restrict connection to just BravenSM Health).