



EDI Access Enrollment Form

The information provided will be utilized to transmit secure data for the Trading Partner to retrieve via the Goold Health Systems (GHS) Electronic Data Interchange (EDI) Website. Remittance files (835) will be available only to the Trading Partner for the locations that are identified in Attachment A in the GHS enrollment packet.

*You may enroll as many users as you would like to download/view 835s and electronic Remittance Advices (RAs). Each user needs to have a unique user id. If you need to enroll more than two users, please print off multiple copies of this form.

Trading Partner Name: _____

Trading Partner #: WY_____ (If you are not currently enrolled, this # will be assigned to you later.)

Pharmacy NPI: _____

Add Remove Edit

Contact Name: _____
(Authorized to retrieve HIPAA and PHI under the Trading Partner Agreement)

Contact Phone # : _____ Contact Fax # : _____

Contact Email Address: _____
(All EDI correspondence will be sent to this address)

Additional Contact:

Add Remove Edit

Contact Name: _____
(Authorized to retrieve HIPAA and PHI under the Trading Partner Agreement)

Contact Phone # : _____ Contact Fax # : _____

Contact Email Address: _____
(All EDI correspondence will be sent to this address)

*Each contact will be issued a login account to retrieve the remittance files available to this Trading Partner.

Approved by Trading Partner

Acceptance by Goold Health Systems

Authorized Signature

GHS Authorized Signature

Authorized Signer Name

GHS Authorized Signer Name

Title: _____

Title: _____

Date: _____

Date: _____

*You may enroll as many users as you would like to download/view 835s and electronic RAs. Each user is required to have a unique user ID for each trading partner they are enrolled under. If you need to enroll more than two users, please make copies of this form.