

IAIABC ELECTRONIC TRADING PARTNER PROFILE

Trading Partner Type (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Service Bureau / DCO | <input type="checkbox"/> Self-Insurer |
| <input type="checkbox"/> Employer | <input type="checkbox"/> EDI Service Provider |
| <input type="checkbox"/> Insurer | <input type="checkbox"/> other (specify): _____ |

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Sender ID FEIN: _____ **Postal Code** (9 digits): { _____ } - { _____ }

Physical Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: { _____ } Postal Code: { _____ } - { _____ }

Mailing Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: { _____ } Postal Code: { _____ } - { _____ }

Contact Information:

- | | |
|--|---|
| <input type="checkbox"/> First Report of Injury (FROI) | <input type="checkbox"/> Subsequent Report of Injury (SROI) |
| <input type="checkbox"/> Proof of Coverage (POC) | <input type="checkbox"/> Medical (MED) |

Business Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Technical Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Claims Handling Location Contact:

Name: _____ N/A
Title: _____ N/A
Phone: _____ N/A
FAX: _____ N/A
E-mail: _____ N/A

Preparer Information:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____