

Inpatient Medical Data Provider Partner Profile (E9)

ATTN: STATISTICS
 PO BOX 27198
 ALBUQUERQUE, NM 87125-7198

Email Address:
 Phone Number:

PLEASE PRINT IN BLACK INK OR TYPE

PARTNER TYPE:				
TPA	Carrier	Medical Bill Review Company		
Employer	Sender Administrator	Other		
DATA PROVIDER PARTNER: (SENDER)				
Name:		FEIN:		
Mail/Address:				
City:		State:		
Postal Code:		Phone:		
Contact Person:		Fax #:		
Email Address:				
FILE GENERATION:				
Inpatient Data Submission System			Sender	
FREQUENCY OF REPORTING:			DAY OF WEEK:	
Daily	Weekly	Monthly	Mon.	Tue. Wed. Thur.
ORGANIZATIONS REPORTING UNDER SENDER ADMINISTRATOR:				
Insurer Name	FEIN	Type	Postal Code	Phone Number
Agreement Person	Title	Signature	Date	