## Workers' Compensation Administration EDI Trading Partner Profile (E7)

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

Email Address: Phone Number:

PLEASE PRINT IN BLACI	K INK OR TYPI	E								
PARTNER TYPE:						041				
	TPA		Carrie	r		Other				
	Employe	er	Sende	r Administrator						
DATA PROVIDER PARTNER: (SENDER)										
	Name:					FEIN:				
Mail/A	ddress:									
	City:					State:				
Postal Code:						Phone:				
Contact Person:						Fax #:				
Email A	ddress:									
SUBMISSION TYPE:	UBMISSION TYPE:  Web Batch File		FILE TRANSMISSION: 148 (First Report of			f Injury)		A49 (Notice	of Ronofit I	Paymont)
		-	148 (First Report of			DAY OF V	A/FFI/.	A49 (NOtice (	or beliefit i	rayillelit,
FREQUENCY OF REPORTING:  Daily		1	Weekly Bi-weekly		dy		/lon.	Tue.	Wed.	Thur.
DATA TYPE:	Produc	tion St	tart Date	:		T	est	Start Date:		
ORGANIZATIONS REPORTING UNDER SENDER ADMINISTRATOR:										
Insurer Name			FEIN		Ту	уре		<b>Postal Code</b>	Phone Number	
						_				
Agreement Person			Title			Signature			Date	