



WellFirst Health™

Business Offices in  
St. Louis, MO & Madison, WI

Mailing Address:  
PO Box 56099  
Madison, WI 53705-9399

[wellfirstbenefits.com](http://wellfirstbenefits.com)

# EDI Setup Form

## for 837 Claim Submission

Please complete this form and email it to [edi@wellfirstbenefits.com](mailto:edi@wellfirstbenefits.com)

- The purpose of this setup form is to establish a new direct connection or change an existing direct connection.
- The direct connection is with WellFirst Health through a secure FTP connection.
- Both Institutional and Professional 837 claim files can be submitted through the connection.

<b>Type of Trading Partner:</b>	Clearinghouse	Provider/Institution
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<b>Type of Account:</b>	New	Existing (indicate changes below)
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**Trading Partner Name:** \_\_\_\_\_

*(for existing connections only)* **UserID:** \_\_\_\_\_  
(usually starts with ediuser\_)

**Trading Partner Interchange ID (ISA06):** \_\_\_\_\_

### Business Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Technical Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last updated: 8/13/2019