



WellFirst Health™

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

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

wellfirstbenefits.com

EDI Setup Form

for 277CA Claim Acknowledgment

Please complete this form and email it to edi@wellfirstbenefits.com

- The purpose of this setup form is to establish a new direct connection or change an existing direct connection.
- Prerequisite – Claims are already being submitted electronically in the 837 EDI format directly to WellFirst Health through an established secure FTP connection.

Type of Trading Partner:	Clearinghouse	Provider/Institution
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Type of Account:	New	Existing (indicate changes below)
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Trading Partner Name: _____

UserID (usually starts with ediusers_): _____

Office 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: 8/12/2019