



WPS ELECTRONIC DATA SERVICES TRADING PARTNER PROFILE

Thank you for choosing Electronic Data Interchange (EDI) with WPS. We need the following information to enable us to properly receive and process your claims. This form should only be completed if your office will be filing claims *directly* to WPS, and not through a clearinghouse or billing service. Please fill in only the areas that apply to your system. This completed form may be returned to the address or fax number listed on the back of this page.

<input type="checkbox"/> EDI TRADING PARTNER DATA	
Trading Partner Name:	
Trading Partner Address:	
Trading Partner City, State, Zip:	
Provider Federal Tax ID Number:	EDI Submitter Number: <small>(WPS assigned, leave blank)</small>
National Provider Identifier (NPI) Numbers: _____ _____ _____	Trading Partner Contact Person:
	Phone Number:
	Fax Number:
	E-Mail:
(Please provide a list of any additional (NPI) numbers by attaching a list to this documentation).	

<input type="checkbox"/> EDI LINE OF BUSINESS/FORMAT DATA	
Select Line of Business: <i>(Check all that apply)</i>	
<input type="checkbox"/> WPS Commercial	<input type="checkbox"/> TRICARE West Region
<input type="checkbox"/> EPIC Life Insurance	<input type="checkbox"/> TRICARE Overseas
Select Claim Format: <i>(Check all that apply)</i>	Other EDI Transactions:
<input type="checkbox"/> Professional Claims (004010X098A1)	<input type="checkbox"/> Remittance Advice (835 004010X091A1)
<input type="checkbox"/> Institutional Claims (004010X096A1)	<input type="checkbox"/> Eligibility Request/Response (270/271 004010X092A1)
<input type="checkbox"/> Pharmacy Claims (NCPDP)	<input type="checkbox"/> Claim Status Request/Response (276/277 004010X093A1)
	<input type="checkbox"/> Referrals/Authorizations (278 004010X094A1)
	<input type="checkbox"/> Eligibility (NCPDP)

SOFTWARE VENDOR INFORMATION

Vendor Name:

Vendor Contact Person:

Vendor Address:

Vendor City, State, Zip:

Vendor Phone:

Vendor Fax:

Vendor E-mail:

EDI TRANSMISSION TYPE

_____ WPS Bulletin Board System (BBS) – Asynchronous Telecommunications

_____ Internet Batch Submission/Receipt (<https://corp-ws.wpsic.com/www-ag/wpsplus/>)

[Obtaining a National Provider Number \(NPI\)](#)

In order to obtain additional information on the New National Provider Identifier (NPI) numbers. Please apply through an easy to use Web-based application process by going to the Web address <https://nppes.cms.hhs.gov>

You may also contact the following numbers to obtain a copy of the application at: 1-800-465-3203 or TTY 1-800- 692-2326.

Please provide us with any additional information regarding your computer system that may help us in receiving your claims electronically. *Thank you for your cooperation in filling out this form!*

Our return address is:

**WPS Electronic Data Services
P.O. Box 8128
Madison, WI 53708-8128**

For additional assistance please call our toll free number at: **1-800-782-2680**

Our Fax Number is: **(608)223-3824**