

835 Response File Routing Change Form

The purpose of this form is to give Providers in the Trillium Health Resources Network, who currently use a Clearinghouse to submit 837 batch claim files, the option to change the delivery location for 835 Response Files. A Provider may elect to have their 835 Response files directly routed to the Clearinghouse instead of receiving 835 Response files in their provider folder. This form may also be used to discontinue the routing of 835 Response files to the Clearinghouse. The Provider folder may also be known as the File Repository within Provider Direct or the File Transfer Protocol ("FTP") Out-bound folder.

TERMS AND CONDITIONS: The undersigned acknowledges that he/she is duly authorized to execute this form on behalf of Provider and is authorized to bind Provider to the terms and conditions set forth herein. Provider shall ensure that there is an agreement to process and submit 837 files to Trillium Health Resources on behalf of the Provider with the Clearinghouse named below. Provider is agreeing to allow Trillium Health Resources to place the 835 Response Files directly into the appropriate out- bound folder belonging to the Clearinghouse named below instead of the File Repository within Provider Direct or the FTP Out - bound folder. Furthermore, Provider understands the Clearinghouse will have access to ALL Provider 835 Response Files from routing change implementation date and that file level restrictions cannot be imposed by Trillium Health Resources. Provider also authorizes the Clearinghouse to have FTP Out-bound folder access consistent with the intent of these terms and conditions. Provider further agrees that if the agreement between the Provider and the Clearinghouse is terminated for any reason, the Provider shall immediately notify Trillium Health Resources by completing and submitting a 835 Response File Routing Change Form to discontinue routing 835 Response files to the Clearinghouse.

*****PLEASE NOTE: Documents in the Clearinghouse folder will be subject to deletion after 90 days.**

Please complete the provider information section below and return this form to the IT Department at PDsupport@TrilliumNC.org or fax to 252-215-6874. Please allow 7-10 working days for Clearinghouse routing to be set up.

Provider Name: _____ Provider Direct ID# _____

Provider Address: _____

Phone: _____ City: _____ State: _____ Zip Code: _____

Officer Contact Name: _____ Title: _____

Officer Contact Email: _____

Clearinghouse: Change Healthcare/Emdeon SSI Begin / End Date: _____

Officer Signature: _____ Date: _____

(Must be Executive Level)

For IT Department Use Only

Approved by: _____	Date: _____
System Admin Notification: _____	Date: _____
835 Routing to Clearinghouse: _____	Begin/End Date: _____
Clearinghouse Folder: _____	Begin/End Date: _____
Denied by: _____	Date: _____
Denial Reason: _____	