



Date:

835 Payment Advice Request Form

Professional Services Representative :

Client Name :

Client ID :

Payee ID (Chain Code) :

Date Completed Request Worksheet Received :

To be completed by Payer:

Payer :

Federal Tax ID :

Additional Tax ID information (optional) :

Communication (optional):

Email Address :

Phone Number :

To be completed by Payee:

*** If you have multiple payee IDs with the same 835 requirements, please fill out one form and provide a spreadsheet listing the payee information.**

Fax Number :

Payee Name :

NCPDP # / Chain Code :

Payee Tax ID :

Technical/EDI Contact (optional):

Phone Number :

Fax Number :

Email Address :

Production Notification Email :

Receiver ID :

Receiver ID Qualifier :

01 - Duns Number 12 - Phone Number ZZ - Mutually Defined

Encryption Method:

Zip with password (provide password if applicable) :

PGP (provide PGP key if applicable) :

Please Return To: PharmacyOperations835Setup@Catamaranrx.com