HP / Indiana Health Coverage Programs
EDI 835 Remittance Advice Request

Date:

IHCP Provider Name:

Trading Partner ID:
Trading Partner Name:

List individual IHCP provider locations: (LPI = 9 digit IHCP provider number and location code)

PROVIDER NAME	NPI	LPI	ZIP CODE	TAXONOMY CODE

An authorization letter on the provider's letterhead must accompany this form.
The letter must be signed and include the date, provider number, requestor name, title, telephone number and written authorization for the above trading partner to retrieve the 835 Remittance Advice Transaction on behalf of the listed provider locations.
The provider must be made aware that only one trading partner may be linked to a provider location.

Return the request form and authorization letter via fax to 317-488-5185

Direct questions to EDI Solutions Service Desk: 317-488-5160 or 877-877-5182