

Oklahoma SoonerCare Vendor Form

(Please type or print)

Entity Type (Check one): Software Vendor Clearinghouse Billing Agent Date: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Web Address: _____

1st Contact: _____ Phone: _____ Email: _____

2nd Contact: _____ Phone: _____ Email: _____

Note: Contact information will be updated semi-annually. If you wish to have your organization removed or to update your contact information, please check the appropriate box and email or mail to the GWT EDI Department.

Please indicate EDI transaction type being requested to send/receive:

- 837 Professional Claim
- 837 Institutional Claim
- 837 Dental Claim
- Other _____

- 270/271 Eligibility Request/Response
- 276/277 Claim Status Request/Response
- 835 Remittance Advice

*** Authorized Signature: _____ Date: _____

Please submit form by email to Oklahomaediapps@dxc.com

Gainwell Technologies, Attn: EDI Department | 2401 NW 23rd Street, Suite 11 | Oklahoma City, OK 73107

Questions about this form or EDI procedures? Please call the EDI Helpdesk at 1-800-522-0114 *option 2, 2* or email: Oklahomaediapps@dxc.com

GWT EDI - Internal Use Only

Testing Needed TP ID: _____ Compliant Files Verified Date: _____

Updated Vendor List Initial Here: _____ Date: _____