

# 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: \_\_\_\_\_

1<sup>st</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> 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 either mail or fax to the DXC 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](mailto:Oklahomaediapps@dxc.com)

DXC Technology, 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](mailto:Oklahomaediapps@dxc.com)

## DXC EDI - Internal Use Only

Testing Needed  TP ID: \_\_\_\_\_ Compliant Files Verified  Date: \_\_\_\_\_

Updated Vendor List  Initial Here: \_\_\_\_\_ Date: \_\_\_\_\_