



EDI Submitter Update Form

Telephone: 770.325.9590 or Toll Free: 877.261.8785 website: www.mmis.georgia.gov

A. Submitter Identification Information

Please indicate your Provider / Business Name:

Medicaid Provider ID (if applicable)

EDI Trading Partner ID (if applicable)

B. Contact Information

☐ I would like to update my contact information. This is my new contact information

Please indicate a contact person for your business. (We will contact this person if we have questions concerning this request.)

First Name

Last Name

Address

City

State

ZIP Code

Telephone Number

Fax Number

E-mail Address

C. Account Changes

☐ I am no longer interested in being trading partner with Gainwell Technologies; please terminate the following logon credentials.

SFTP User ID

EDI Trading Partner ID

Web User ID

☐ I would like to change my current method of transmission as indicated below:

Add

☐ SFTP

☐ VAN

☐ Web Upload

☐ WEBSVC

Remove

☐ SFTP

☐ VAN

☐ Web Upload

☐ WEBSVC

☐ I wish to add the following transaction types to my submitter profile as indicated below:

EDI services will not enroll the Trading Partner for any X12 EDI Transactions until successful testing has been completed using Ramp Manager. Please use the GHP Ramp Manager System: <https://sites.edifecs.com/index.jsp?gamedicaid> to test all transactions prior to submitting this application for processing.

Transactions

<input type="checkbox"/> 837I	<input type="checkbox"/> 837D	<input type="checkbox"/> 837P	<input type="checkbox"/> 270	<input type="checkbox"/> 276
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D. Please Sign and date below

Submitter (please print)

Submitter Signature

Date

Please fax completed form to:

Gainwell Technologies
ATTN: EDI Services Unit
866-483-1044

DXC EDI SERVICES UNIT USE ONLY

Date Received	EDI Analyst	Completion Date