

Secure FTP User Account Request Form

www.mmis.georgia.gov

A. Identification Information

Company/Organization

If you are a provider, please indicate your provider ID:

****This number consists of 9 numeric digits and 1-2 alpha characters****

Please indicate EDI Trading Partner ID (If applicable). Your trading partner ID was issued to you at the time of enrollment.

A Trading Partner ID could range from 5 - 8 digits

B. Contact Information

Please indicate a contact person for your business. (This should be the person to contact if we have questions concerning this request.)

Primary Contact

Name

 - -

Telephone Number

E-mail Address

Secondary Contact

Name

 - -

Telephone Number

E-mail Address

- ☐ I (We) acknowledge that all necessary precautions will be used to protect my **LOGIN ID** and **PASSWORD** to prevent unauthorized access. I will comply with all state and federal HIPAA regulations, statues and laws.
- ☐ I (We) acknowledge that I have read the SFTP Setup and Data Transfer Guide and understand fully all security measures that must be implemented at my site before I (We) can transmit files via SFTP to Gainwell Technologies.
- ☐ I (We) will comply with all state and federal HIPAA regulations, statues and laws for transmitting and protecting electronic files.

Please fax completed form to 866-483-1044 attn: EDI Services Unit.

Or for assistance completing the SFTP Form, please contact our EDI Services Help Desk at 770-325-9590 or toll free 877-261-8785. EDI Services is available M-F 8:00AM-5:00PM EST.

Visit us on the Web at www.mmis.georgia.gov