

How to complete the EDI Registration Change Form

Use the following table to determine what fields to complete on the EDI Registration Change Form (Exhibit C), or if you need to complete other documents instead.

- **Only submit information for the fields that are changing.** DHS will update your current EDI Registration Form accordingly.
- Do not submit this form with any other documents.

TPA CHANGE REQUIREMENTS	FORM/FIELD TO UPDATE (Exhibit C unless otherwise noted)													
Adding and/or deleting Authorized Transactions. Indicate which transactions to add and/or delete. <i>If authorized by Trading Partner on Exhibit B, Submitter can make this change.</i>	1	8	9	10	47	48	49	50	51					
Adding or removing a Provider (for clinics/group practices).	Mail the request on clinic letterhead; include identifying information.													
Authorized Signer (has signature authority on behalf of Trading Partner): Cannot be the billing service, clearinghouse or vendor. <i>Trading Partner must make this change.</i>	1	2	8	9	10	11	12	13	14	15	48	49	50	51
EDI Submitter Address: Physical or mailing	1	2	8	9	10	31	32	33	34	35	48	49	50	51
EDI Submitter Business Contact	1	8	9	10	37	38	39	40	41	48	49	50	51	
EDI Submitter Change: Add, replace or change EDI Submitter.	Submit an updated Exhibit A and B.													
EDI Submitter Technical Contact	1	8	9	10	37	38	39	40	48	49	50	51		
Tax Identification (ID) Number Change – As directed by DHS.	1	May require re-enrollment with DMAP. Call DMAP Provider Enrollment at 800-422-5047.												
Technical Changes: Software vendor, upgrade hardware, etc.	E-mail < DHS.EDIsupport@state.or.us > with the type of change, for further instructions.													
Trading Partner Contact Information: Address, telephone, and/or fax number.	1	2	3	4	5	6	7	8	9	10	48	49	50	51
Trading Partner Name (No change in Tax ID)	Submit new TPA													
Trading Partner Primary Claims Contact	1	2	8	9	10	21	22	23	24	25	48	49	50	51
Trading Partner Provider Number	Submit entire new EDI Packet.													