

This form should be completed and submitted to register as a data submitter. Review the Data Submission Guide for details about completing and submitting this form. Please pay special attention to the schedule of submissions including test files and monthly files.

ORGANIZATION

On behalf of: ☐ Self (your own organization) ☐ Other (another organization)

Type: ☐ Insurance Carrier ☐ Plan Administrator¹ (TPA/ASO) ☐ Pharmacy Benefit Manager

Business Name		
Mailing Address		
City	State	ZIP Code

ENTITY/ENTITIES BEING REGISTERED (Provide all identifiers. If single company, same as above. Fill in all that apply.)

Name	FEIN ²	License Number	NAIC ³ Company Code
1.			
2.			
3.			
4.			
5.			

COVERAGE ESTIMATES (Inclusive of all claims as of December 31 of previous year.)

Entity (FEIN, License Number, or NAIC)	Total Covered Lives	Claims and Encounters Volume	Total Claims Value (USD ⁴)
1.			
2.			
3.			
4.			
5.			

Files to Submit (fill in per entity number listed above):

Entity No. 1	☒ Eligibility/Enrollment*	☒ Provider**	☐ Medical	☐ Pharmacy	☐ Dental
Entity No. 2	☒ Eligibility/Enrollment	☒ Provider	☐ Medical	☐ Pharmacy	☐ Dental
Entity No. 3	☒ Eligibility/Enrollment	☒ Provider	☐ Medical	☐ Pharmacy	☐ Dental
Entity No. 4	☒ Eligibility/Enrollment	☒ Provider	☐ Medical	☐ Pharmacy	☐ Dental
Entity No. 5	☒ Eligibility/Enrollment	☒ Provider	☐ Medical	☐ Pharmacy	☐ Dental

Payor Type (fill in per entity number listed above):

Entity No. 1	☐ Commercial	☐ Medicare Supp.	☐ Medicare Advantage	☐ Medicaid (for state use only)
Entity No. 2	☐ Commercial	☐ Medicare Supp.	☐ Medicare Advantage	☐ Medicaid (for state use only)
Entity No. 3	☐ Commercial	☐ Medicare Supp.	☐ Medicare Advantage	☐ Medicaid (for state use only)
Entity No. 4	☐ Commercial	☐ Medicare Supp.	☐ Medicare Advantage	☐ Medicaid (for state use only)
Entity No. 5	☐ Commercial	☐ Medicare Supp.	☐ Medicare Advantage	☐ Medicaid (for state use only)

CONTACT INFORMATION

Role	Name	
Phone Number	Email	☐ Select to receive system notifications

Role	Name	
Phone Number	Email	☐ Select to receive system notifications

Role	Name	
Phone Number	Email	☐ Select to receive system notifications

Role	Name	
Phone Number	Email	☐ Select to receive system notifications

¹ Third party administrator/administrative services only (TPA/ASO)² Federal Employer Identification Number (FEIN)³ National Association of Insurance Commissioners (NAIC)⁴ United States denomination (USD)

* Eligibility/Enrollment files are mandatory along with any combination of claims files.

** Provider files are mandatory as described in the Data Submission Guide, subsection 5.5 Provider Data.