



835 Payment Advice Request Form

To be completed by SXC Professional Services:

Professional Services Representative:
Client Name:
Client ID:
Payee ID (Chain Code):
Date Completed Request Worksheet Received:

To be completed by Payer:

Date Submitted:

Payer:

1. Federal Tax ID: 84-1515837
2. Additional Tax ID information (optional):
3. Include or **Exclude** Rejected Claims **Exclude**
4. Include or **Exclude** Non Payment Claims **Include**
5. Communication (Optional):
 - a. Email Address:
 - b. Telephone Number:
 - c. Facsimile Phone Number:

To be completed by Payee:

***If you have multiple payee IDs with the same 835 requirements, fill out one form and provide a spreadsheet listing the payee information.**

1. Payee Name:
2. Chain Code: NCPDP
3. Payee Tax ID: See Attached List
4. Technical/EDI Contact:
 - a. Phone:
 - b. Fax:
 - c. E-mail Address:
 - d. Production Notification E-mail:
5. Receiver ID:
6. Receiver ID Qualifier:
 - a. 01 - Duns Number
 - b. 12 - Phone Number
 - c. ZZ - Mutually Defined
- 7 Preferred Method of Communication:
 - a. FTP Pull
 - b. FTP Push (provide user ID and password)
- 8 Encryption Method:
 - a. Zip with password (provide password if applicable)
 - b. PGP (provide PGP key if applicable)