

Significa Benefits Services, Inc.

Provider EDI Feedback Form

The purpose of this document is to facilitate the refinement of electronic data interchange (EDI) between Significa Benefits Services, Inc. (SBS) and providers of healthcare services. SBS is interested in your comments regarding both Realtime transactions (eligibility and claim status) and batch processing.

NOTE: Please do NOT use this form for claim-specific issues.

Please complete the information below and fax this form, along with any supporting documentation, to the attention of "EDI Analyst / IT Department" at 717-581-1318.

Provider Name: _____ Tax ID: _____

Contact Name: _____ Phone: (____) ____ - _____

Email Address*: _____

(*Email address will be used only for purposes of this communication.)

Transaction: 270/271 Realtime Eligibility 276/277 Realtime Claim Status
 837 Batch Claims 277 Unsolicited Claim Status
 Other (Please specify): _____

Clearinghouse or Other Vendor: _____

Area of Concern: _____

Question or Comment: _____

Type of follow-up requested: _____

Thank you for your feedback!