



Apex Benefits Services
P.O. Box 3620
Akron, OH 44309-3620
Fax: 330-996-8954

EDI Vendor FTP Registration

Company/Sender Name			
Mail Address	City	State	Zip
Technical Contact Name			
Phone	Ext.	Fax	
E-mail			

Please provide the following information and mail or FAX the completed form to the address/number listed below.

Please check one of the following FTP's your company will be using: <input type="checkbox"/> PGP/FTP <input type="checkbox"/> SSH/FTP
Please check the transaction(s) you will be sending: <input type="checkbox"/> 837(Institutional) <input type="checkbox"/> 837(Professional) <input type="checkbox"/> 837(Dental) <input type="checkbox"/> 834 <input type="checkbox"/> 820 <input type="checkbox"/> 270 <input type="checkbox"/> 276 <input type="checkbox"/> 278 <input type="checkbox"/> 997
Please check the transaction(s) you will be receiving: <input type="checkbox"/> 835 <input type="checkbox"/> 271 <input type="checkbox"/> 277 <input type="checkbox"/> 278 <input type="checkbox"/> USM <input type="checkbox"/> 997
Please enter your IP address or IP address range:

Please note, if you selected PGP/FTP we will need to exchange PGP keys. Our Networking department will contact you through an e-mail with your login credentials and APEX's PGP key information if applicable.

Authorized Signature of Stakeholder
Authorization

Print Name of Authorized Signer

Date of

You will be contacted in 3 to 5 business days of receipt of the form. If you have any questions please call the Provider Services Department at 1-800-996-8401, please return this form either via FAX or Mail.

Fax: Attn: EDI FAX#: 330-996-8877	Mail: Attn: EDI Apex Benefits Services P.O. Box 3620 Akron, OH 44309-3620
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