
Prompt Solutions

1717 Park Rd., Suite 250 Naperville, IL 60563 (888) 897-7667

Dean Health Plan

**NOTE: COMPLETE FOR Dean Health Plan (DHP)
Provider CLAIMS**

*Please complete the following agreement and send to
the address listed below in order to enroll your
practice to send these claims electronically:*

Fax this form to:
Shannon

EDI Team

fax: 608-836-6335

All Questions: Call Provider Services: 608-827-4188 Lori Olivares

Provider Number is 2 – 6 digits in length. Some providers might be setup with individual numbers. Provider Services can provide you with Provider Numbers if not known.



EDI Set-Up Form

Type of Practice/Group: Solo Group Hospital/Facility Billing Service

Type of Account: New Existing (indicate changes below)

Transaction Type: 837 Institutional claim 837 Professional claim 837 Dental claim
835 Remittance 834 Enrollment 270/271 Eligibility
278 Referral Request and Response 820 Premium Payment

Contact Information:

Name: _____ DHP Vendor Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Manager Contact: _____ Practice/Group Tax ID: _____
Telephone: (____) _____ Fax: (____) _____
E-Mail Address _____

If sending an 837 transaction, please fill out the next section

Confirmation Report Contact: _____ Telephone: (____) _____
Mailing address (if different than above) to mail Confirmation Report/Rejected Claims report:

Provider/Group Information:

Name of Provider/Group	Dean Health Plan number

Payment Information (if different that above):

Name of Payee: _____ DHP Payee Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Payee Tax ID: _____

If you are using a Clearing House to submit your files, please fill out the next section

Clearing House Name: JDA eHealth / Prompt solutions
Contact Person: Amy Mumm
Address: 1717 Park St. Suite 250
City: Naperville State: IL Zip Code: 60563
Telephone: (888) 897-7667 E-Mail Address: PSICORP@FLASH.NET