



PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Insurance carrier or trading partner medical electronic data interchange (EDI) profile

Part 1. Insurance carrier or trading partner description

1. Insurance carrier (includes certified self-insurers, certified self-insurer groups, and governmental entities)
 Trading partner

Part 2. Insurance carrier or trading partner general information

2. EDI sender's full legal name	3. EDI sender's Federal Employer ID Number (FEIN)
4. EDI sender's 9-digit postal code (ZIP code+4) —	
Note: The FEIN and 9-digit postal code will be combined to identify a unique sender (insurance carrier or trading partner) and must match the sender ID in the header record of the EDI transmissions.	
5. Business physical address (street or PO box, city, state, ZIP code)	
6. Business mailing address, if different from above (street or PO box, city, state, ZIP code)	

Part 3. Insurance carrier or trading partner medical EDI technical contact information

7. Technical contact name	8. Technical contact title	
9. Technical contact phone	10. Technical contact fax	11. Technical contact email

Part 4. Insurance carrier or trading partner projected medical EDI transaction volume

12. Projected annual number of transactions:
13. Transmission frequencies: <input type="checkbox"/> Daily (Monday through Friday, excluding holidays) <input type="checkbox"/> Weekly—specify days: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat

FAQ

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Who must file this form?

All medical EDI trading partners must file this form. Insurance carriers must file this form only if they submit all or part of their own medical EDI records directly to the Texas Department of Insurance, Division of Workers' Compensation (DWC).

When do I need to file this form?

An insurance carrier or trading partner must file this form at least five working days before sending its first test transaction to DWC according to 28 Texas Administrative Code Section 134.808(d). Failure to file this form will prevent the insurance carrier or trading partner from logging into the agency's secure file transfer protocol environment to submit files.

How do I report a change to the information reported on the form?

The insurance carrier or trading partner must file a new form within five working days if any information reported on the form changes.

Why must I give information about transaction volume and frequency?

Information about transaction volume and frequency is important for DWC to develop a test plan and monitor production for the insurance carrier or trading partner. Insurance carriers or trading partners must meet specific volume-based metrics for DWC to approve them to submit medical EDI data in production.

Where do I file this form?

- **Email:** edisupport@tdi.texas.gov
- **Mail:** Texas Department of Insurance
Division of Workers' Compensation
EDI Support, Mail Code: BP-OPS
PO Box 12050
Austin, TX 78711

Questions?

For more information, contact edisupport@tdi.texas.gov.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.