

Rite Aid Corporation 835/837 EDI HIPAA Document Verification Survey

CONTACT INFORMATION

Name of Payer: _____

Agency Number: _____

Business Contact Name(s): _____

Title: _____

Phone: _____ Fax: _____

Email(s): _____

Web Site Address: _____

Technical Contact Name(s): _____

Title: _____

Phone: _____ Fax: _____

Email(s): _____

READINESS

1) Please indicate readiness to start testing the 835 / 837

Date Ready _____

If you are not ready at this time, date you plan to be ready _____

TRANSPORT/COMMUNICATIONS

2) Please select the Communication/Transport Method your company can support (check all the appropriate boxes):

- | | |
|--|---|
| <input type="checkbox"/> EDI-INT AS1 | <input type="checkbox"/> Async |
| <input type="checkbox"/> EDI-INT AS2 | <input type="checkbox"/> X.400 |
| <input type="checkbox"/> HTTPS | <input type="checkbox"/> VPN |
| <input type="checkbox"/> SMTP | <input type="checkbox"/> Frame Relay |
| <input type="checkbox"/> C: Direct | <input type="checkbox"/> VAN |
| <input type="checkbox"/> FTP | <input type="checkbox"/> Internet |
| <input type="checkbox"/> SNA | <input type="checkbox"/> Physical Media (i.e. Magnetic Tape, Cartridge) |
| <input type="checkbox"/> Bisync | |
| <input type="checkbox"/> Other, please describe: _____ | |

3) How do you plan to submit/receive the **835 or 837 -production file**?

- | | |
|---|--|
| <input type="checkbox"/> VAN (Value Added Network) or Clearinghouse/Processor | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Magnetic Tape/Cartridge | <input type="checkbox"/> Direct Connection |
| <input type="checkbox"/> Other - please describe: _____ | |

4) How do you plan to submit/receive the **835 or 837 -test file**?

- VAN (Value Added Network) or Clearinghouse/Processor Internet
 Magnetic Tape/Cartridge * Direct Connection
 Other - please describe: _____

- **Physical Media:** If you chose Magnetic Tape/Cartridge: Please contact Todd Davis at Rite Aid at tdavis@riteaid.com or 717-730-7742 for information regarding testing.
Please complete remaining questions.

TESTING INFORMATION

5) Please provide the **testing** contact information:

Company Name (if a VAN or Clearinghouse/Processor will do the testing on your behalf):

Contact Name: _____

Title: _____

Phone: _____ Fax: _____

E-Mail: _____

Web Site Address: _____

VAN: _____

Test Qualifier: _____ Test ID: _____

Production Qualifier: _____ Production ID: _____

835 Version: _____

TRANSACTION

6) Will the 835 transaction support:

- Remittance only (If this box is checked, please continue onto question 7)
 Remittance/ACH (If this box is checked, skip question 7).

7) If ACH is not currently supported, please indicate a date in which this portion of the 835 transactions will be supported: _____

8) Comments:

Please fax this survey to Rite Aid 717-975-8623

If you have any questions, please call Rite Aid at 717-731-3815 or email to edi@riteaid.com