WCD Workers' Compensation Division
Department of Consumer and Business Services

Oregon
Medical Billing Data EDI Trading Partner Profile

Trading partner type (check all that apply)

- ☐ Jurisdiction
- ☐ Service Bureau/DCO
- ☐ Employer
- ☐ Insurer
- ☐ Service company
- ☐ Self-insurer
- ☐ EDI service provider
- ☐ Other (specify): _____

Master trading partner information

Legal name (no abbreviations): _____

Sender ID: The Federal Employer Identification Number (FEIN) of your business entity. This, along with the nine-position postal code (ZIP+4), will be used to identify a unique trading partner. The Sender ID FEIN and postal code should be the same as those that will be used by the partner as the Sender ID in the header record of all electronic data interchange (EDI) transmissions from the partner.

Sender ID FEIN: _____
IP address: _____
Postal code: _____
Physical address: _____
City, state, ZIP+4: _____
Mailing address: _____
City, state, ZIP+4: _____

Contact information

Business		**Technical**	
Name:		Name:	
Title:		Title:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	

If you have questions about this form, contact the EDI coordinator, 503-947-7742, or email dcbs.edimedical@dcbs.oregon.gov.

Send to: Workers' Compensation Division, Operations Section, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309
Or fax to 503-947-7514
Or email to dcbs.edimedical@dcbs.oregon.gov