

Medstar Electronic Remittance (835) Request Form

Practice Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email: _____

Tax ID Number: _____

NPI: _____

Method of File Transfer:

Clearinghouse or Vendor: ***Please contact clearinghouse/vendor***

Manual Download from Portal: User ID: _____

Automated File Transfer: ***UPMC to push to your FTP server***

Standard FTP with PGP

Secure FTP (FTPS/TLS or SSL)

Secure FTP (SFTP/SSH)

URL: _____

User Name: _____

Technical Contact:

Name: _____

Phone Number: _____

Email: _____

Please complete and forward via email to: HealthPlanEDI@upmc.edu