



Pharmacy Data Management, Inc.

Request for Production Form X12 835 Payment Reconciliation

* *Direct any inquiries/questions to "835 Payment Reconciliation":*

Phone: 1-800-800-7364, ext. 5404 Fax: 330-629-7325

Email: (operations@pdmi.com)

This document serves to inform PDM that _____
(Company Name and NCPDP#)
has finished the testing phase for the 835 payment reconciliation process and
would like to begin production as of _____.
(Date)

We understand that signing and sending this request form authorizes PDM to do
the following for the listed company:

- Stop any hard copy reconciliation statements except for those cases noted on
the X12/835 Payment Reconciliation Test Document.
- Begin sending files via FTP or CD in the X12/835 payment reconciliation
format.

In order for a pharmacy to go to production, PDM requires these elements:

ISA07 – Receiver ID Qualifier _____.
(30 = U.S. Federal Tax ID; ZZ = Mutually Defined)
ISA08 – Receiver ID _____.
GS03 – Application Receiver's Code _____.
N103 – U.S. Federal Tax ID _____.

We would like the production reconciliation CD's sent to the following address:

(Please note: Tapes cannot be delivered to a P.O. Box)

This section does not need filled out if files are being sent electronically

Name: _____
Street: _____
City, State, Zip: _____
Phone: _____
Attn: _____

Signature: _____ Date: _____