

NPI-Only Readiness Survey

Please respond by Monday, March 31, 2008.

Fax your completed survey to: HCSC E-Commerce Center, 312-938-6463.

Date: _____

Company Name: _____

Submitted by (Contact Name): _____

Phone Number: _____

E-mail Address: _____

I. Are you prepared to submit *only the NPI* in all Required* loops as of May 23, 2008?

Yes No

**Remember: Situational (S) fields may be Required, depending upon the circumstance. Please refer to the ANSI 837 Implementation Guide for an explanation of when a Situational field is Required.*

Professional (837P)		
Loop	Name	Usage
2010AA	Billing Provider Name	R
2010AB	Pay-to Provider Name	S
2310A	Referring Provider Name	S
2310B	Rendering Provider Name	S
2310C	Purchased Service Provider Name	S
2310D	Service Facility Location	S
2310E	Supervising Provider Name	S
2420A	Rendering Provider Name	S
2420B	Purchased Service Provider Name	S
2420C	Service Facility Location	S
2420D	Supervising Provider Name	S
2420E	Ordering Provider Name	S
2420F	Referring Provider Name	S

Institutional (837I)		
Loop	Name	Usage
2010AA	Billing Provider Name	R
2010AB	Pay-To Provider Name	S
2310A	Attending Physician Name	S
2310B	Operating Physician Name	S
2310C	Other Provider Name	S
2310E	Service Facility Name	S
2420A	Attending Physician Name	S
2420B	Operating Physician Name	S
2420C	Other Provider Name	S

II. If you answered "No," please tell us why (include the date you *will* be ready to submit *only the NPI* in all fields):

Fax your completed survey to: HCSC E-Commerce Center, 312-938-6463.

Thank you for responding by Monday, March 31, 2008!