



# 835 Authorization Form

### To be completed by Payor:

- 1. Include or Exclude Rejected Claims: Exclude
- 2. Communication
  - a. Email Address: [remittanceinquiry@medone-rx.com](mailto:remittanceinquiry@medone-rx.com)
  - b. Telephone Number: 563-293-8140
  - c. Fax: 563-588-8725

### To be completed by Payee:

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Payee Tax ID: \_\_\_\_\_

Affiliation Number(s)/NCPDP: \_\_\_\_\_

Communication Method: Payee Pull from MedOne FTP Server

#### Payee Contact (who reconciles payments)

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Technical Contact or Third-Party Processor (who should we send the 835 files to for processing)

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please be sure to send any updates that will affect your electronic remits or payments to MedOne in a timely manner. Failure to do this may result in incorrect payment or payment address. MedOne will rely on the information contained herein to process and deliver Pharmacy's remittance advice and payments.*

### Pharmacy

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_