

Electronic Data Intermediary (EDI) Application

Name of EDI _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____
Phone Number _____ Fax Number _____
Email Address _____
Website _____

In accordance with 856 IAC 1-40, the applicant must submit information regarding how the EDI will do the following:

1. Guarantee the security of the:
 - a. The prescription.
 - b. The practitioner's identity and privacy.
 - c. The patient's identity, privacy, and confidentiality; and
2. Validate the authorized practitioner's licensure status.

The applicant must also submit the following:

1. a detailed history of the EDI's experience in providing EDI services
2. a description of the infrastructure that the EDI utilizes
3. a list of other states in which the EDI is approved to do business

Note: The Board may require a representative of the EDI to appear before them to answer questions about this application.

Return the completed application and required documentation to the aforementioned address.