



6100 NORTHWEST GRAND BLVD.
OKLAHOMA CITY, OKLAHOMA 73118-1082

CONNECTIVITY REQUEST

Please complete the following form and fax the form to **Reserve National Insurance Company, (405) 843-3850, Attention Raymund Gordon**
A Connectivity Request form is required for each provider group.

PROVIDER NAME		
CONTACT NAME		TITLE
MAIL ADDRESS	CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

VENDOR / CLEARINGHOUSE NAME		CONTACT NAME	TITLE
MAIL ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

Select the transactions requested:

Transaction	Effective Date	X12 Version
270/271		
276/277		
278		
835		
837 Institutional		
837 Professional		

Type of Sender (select one): <input type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse	Sender/Receiver ID (Federal Tax ID):
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_____ X _____
Date Print Name/Title Authorized Signature