



601 E Britton Rd
Oklahoma City, OK 73114

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