

DFSM AIMH (EDI) CHECKLIST

1. Provider Information:
 - a. Provider Name:
 - b. Provider ID:
 - c. NPI:
 - d. Tax ID:
 - e. If retrieving 820, provide submitter ID:
 - f. If retrieving 820, provide existing EFT directory on the AHCCCS server:
 - g. If using a clearinghouse to retrieve 820, provide Clearinghouse name:

2. Please provide the following for the purpose of Community Manager account setup:
 - a. Primary Contact Name:
 - b. Primary Contact Email:
 - c. NPI:
 - d. Tax ID:
 - e. Address:
 - f. Address2:
 - g. City:
 - h. State:
 - i. Zip: