OPTUMRx® *835 Payment Advice Form*

The following information is required to set up our Trading Partners for 835/ERA. If you should have any questions in regards to the below listed information, please feel free to send us questions and/or completed forms to PharmacyOperations835setup@optum.com

Date:

Requester Information	
Requester Contact Name:	
Business Name (DBA):	
Business Address:	
Business Tax ID:	
Business NCPDP (or Attach full list of pharmacies):	

Contact Information			
Contact Type	**Name**	**Phone**	**Email**
Primary Contact:			
Alternate Contact:			
Technical Contact:			
Production Notification Email:			

Encrypted and Delivery Method	
Zip with password (if applicable) :	
PGP (if applicable):	
Push or Pull: (If Push, please provide file delivery destination information.)	

Please Return To: PharmacyOperations835Setup@Optum.com