

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION
EDI TRADING PARTNER PROFILE

ATTN: STATISTICS
 PO BOX 27198
 ALBUQUERQUE, NM 87125-7198

PLEASE PRINT IN BLACK INK OR TYPE

Reporting Purpose Code	PARTNER TYPE:			
	TPA <input type="checkbox"/>	Carrier <input type="checkbox"/>	Service Bureau <input type="checkbox"/>	
	Jurisdiction <input type="checkbox"/>	Employer <input type="checkbox"/>	Other <input type="checkbox"/>	Sender Administrator <input type="checkbox"/>
TRADING PARTNER:				
Name: _____		FEIN: _____		
Mail/Address: _____				
City: _____			State: _____	
Postal Code: _____				
Contact Person: _____			Phone: _____	
Fax #: _____				
FILE TRANSMISSION:		FILE TYPE:		
148 (FROI) <input type="checkbox"/>	POC <input type="checkbox"/>	ANSI <input type="checkbox"/>	Flat File <input type="checkbox"/>	
A49 (Sub. Report) <input type="checkbox"/>	Medical <input type="checkbox"/>	Other <input type="checkbox"/>		
FREQUENCY OF REPORTING:				DAY OF WEEK:
Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Sat. <input type="checkbox"/>	Sun. <input type="checkbox"/>
Daily <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually <input type="checkbox"/>	Mon. <input type="checkbox"/>
				Tue. <input type="checkbox"/>
				Wed. <input type="checkbox"/>
				Thur. <input type="checkbox"/>
				Fri. <input type="checkbox"/>
NETWORK: _____				
Production <input type="checkbox"/> Start Date _____				
MAIL BOX ACCT. ID: _____				
Test <input type="checkbox"/> Start Date _____				
USER ID: _____				
MESSAGE CLASS: _____				
ORGANIZATIONS REPORTING UNDER SENDER ADMINISTRATOR:				
Insurer Name	FEIN	Type	Postal Code	
Agreement Person		Title		Signature
				Date