

**IAIABC ELECTRONIC PARTNERING CLAIM ADMINISTRATOR
ADDRESS LIST
INSTRUCTIONS**

Purpose:

The IAIABC ELECTRONIC PARTNERING CLAIM ADMINISTRATOR ADDRESS LIST is intended to document either the physical address, mailing address or both addresses that correspond to the Claim Administrator recorded on the claim.

The list is in an Excel format. This Excel format was created to allow the conversion from Excel to a flat file format for extracting from a Claim Administrators database and for the Jurisdiction to be able to convert to a flat file format and load into their database.

Completion of the form by Jurisdiction

To: ***(Jurisdiction Name and Workers' Compensation Agency Name)***

The Jurisdiction has the option of receiving either the physical or mailing address information via Claims EDI transactions but must specify the type of address on the heading row of the form.

Claim Administrator Address Type:

Physical _____ Mailing _____

Alternate Postal Code Address Type:

Physical _____ Mailing _____

Since Jurisdictions may not require any, some either physical or mailing and some both, the Jurisdiction must designate which under:

Complete Table with:

Alternate Postal Code Address _____

Claim Administrator Address _____

Address Not Required on this Form _____

The Jurisdiction should delete any unwanted columns on the form.

**IAIABC ELECTRONIC PARTNERING CLAIM ADMINISTRATOR
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Completion of the List by Claim Administrator

Since this form will accompany other trading partner documents completed by the data sender, this portion should match what is entered on the other forms to tie the forms together.

From: (Trading Partner) Legal Name (no abbreviations)

Sender FEIN:

Sender Postal Code:

Jurisdiction requirements may vary. Information provided may be used to validate transaction data. The Alternate Postal Code entered on the form must match the data populated on DN0200 field in the FROI/SROI record layout.

Formatting of the Data:

Since the Alternate Address information is not IAIABC data elements, it is suggested that the same format be followed that coincides with those elements. Please see table below for specific formatting to be used.

Complete each column for every Claim Administrator both FEIN & Name:

Complete the address information based the indication on what is accepted under Claim Administrator Address Type and Alternate Postal Code Address Type, either mailing or physical.

Transaction Address	Alternate Address	Format
Claim Administrator FEIN (DN0187)		9 A/N
Claim Administrator Name (DN0188)		40 A/N
Claim Administrator Claim Office Contact Name *		40 A/N
Claim Administrator Claim Office Contact Business Phone Number *		15 A/N
Claim Administrator Claim Office Contact E-mail Address *		80 A/N
Claim Administrator Information/Attention Line (DN0135)		50 A/N
Claim Administrator Primary Address (DN0010)	Alternate Primary Address *	40 A/N
Claim Administrator Secondary Address (DN0011)	Alternate Secondary Address *	40 A/N
Claim Administrator City (DN0012)	Alternate City *	15 A/N
Claim Administrator State Code (DN0013)	Alternate State Code *	2 A/N
Claim Administrator Postal Code (DN0014)	Alternate Postal Code (DN0200)	9 A/N

* There is no DN associated with this data. When directed by the jurisdiction, include Claim Administrator Claim Office Contact Name, Claim Administrator Claim Office Contact Business Phone Number and Claim Administrator Claim Office Contact E-mail Address for each claim office location listed on the form. The Claim Administrator Claim Office Contact Name, Phone Number and E-mail Address referenced should be a claim office contact at that location that will answer questions or direct the jurisdiction to the appropriate adjuster for the claim.

IAIABC Electronic Partnering Claim Administrator Address List

To:

Claim Administrator Address Type:

Mailing ____ Physical ____

Alternate Postal Code Address Type:

Mailing ____ Physical ____

Jurisdiction requirements may vary.

Complete Table with all addresses that
apply to the following requirements:

Alternate Postal Code Address ____

Claim Administrator Address ____

Address Not Required on this Form ____

From:

Sender FEIN: ____

Sender Postal Code: ____

Claim Administrator (Claim Admin)					
Claim Administrator FEIN (DN0187) 9 A/N	Claim Administrator Name (DN0188) 40 A/N	Claim Administrator Claim Office Contact Name * 40 A/N	Claim Administrator Claim Office Contact Business Phone Number * 15 A/N	Claim Administrator Claim Office Contact E-mail Address * 80 A/N	Claim Administrator Information/Attention Line (DN0135) 50 A/N

IAIABC Electronic Partnering Claim Administrator Address List

To:

Claim Administrator Address Type:

Mailing ____ Physical ____

Alternate Postal Code Address Type:

Mailing ____ Physical ____

Jurisdiction requirements may vary.

Complete Table with all addresses that
apply to the following requirements:

Alternate Postal Code Address ____

Claim Administrator Address ____

Address Not Required on this Form ____

From:

Sender FEIN: ____

Sender Postal Code: ____

Claim Administrator (Claim Admin)		Alternate Postal Code Address				
Claim Administrator FEIN (DN0187) 9 A/N	Claim Administrator Name (DN0188) 40 A/N	Alternate Primary Address * 40 A/N	Alternate Secondary Address * 40 A/N	Alternate City * 15 A/N	Alternate State Code * 2 A/N	Alternate Postal Code (DN0200) 9 A/N

IAIABC Electronic Partnering Claim Administrator Address List

To:

Claim Administrator Address Type:

Mailing ____ Physical ____

Alternate Postal Code Address Type:

Mailing ____ Physical ____

Jurisdiction requirements may vary.

Complete Table with all addresses that
apply to the following requirements:

Alternate Postal Code Address ____

Claim Administrator Address ____

Address Not Required on this Form ____

From:

Sender FEIN: ____

Sender Postal Code: ____

Claim Administrator (Claim Admin)		Claim Administrator Address				
Claim Administrator FEIN (DN0187) 9 A/N	Claim Administrator Name (DN0188) 40 A/N	Claim Admin Primary Address (DN0010) 40 A/N	Claim Admin Secondary Address (DN0011) 40 A/N	Claim Admin City (DN0012) 15 A/N	CA State Code (DN0013) 2 A/N	CA Postal Code (DN0014) 9 A/N