

# Frates

## Benefit Administrators

### EDI Request Form

Please complete this form and submit if you would like to establish a Trading Partner relationship with C. L. Frates and Company.

Items indicated with \* are required.

Mail to: C. L. Frates and Company  
Attn: TPA – EDI  
P.O. Box 269001  
Oklahoma City, OK 73126-9001

Or fax to: 405-290-5717  
Attn: TPA – EDI

**Type of Entity:**     Provider     Clearinghouse     Other

**Name of Entity \***

**Contact Person\***

**Phone\***     **Hours available**     **Email address\***

**Are you using a Clearinghouse?**     Yes     No

If yes: Name of Clearinghouse

Contact name at Clearinghouse

Clearinghouse Phone Number

**For Providers Only:**

Name of your billing/practice management software vendor

Taxpayer Identification Number