EDI Testing Instructions

EDI Testing

A request to begin testing must be submitted to the following email address: *TNHealth@state.tn.us*

The following items are to be included in your request:

1. **Company Name:**
2. **Company Telephone Number with extension if applicable:**
3. **Company Fax Number:**
4. **Contact First Name:**
5. **Contact Last Name:**
6. **Contact Email Address:**
7. **Company Address, City, State & Zip Code:**
8. **Transactions Types to be tested:**
9. **Company Category: (e.g.: Clearing House, Software Vendor, Healthcare Provider, HMO, Hospital, MCO, Medicare)**

Once the request is received, the trading partner will receive notification and will be sent to the requestor containing a URL, User Login ID, User Password and login instructions.

All questions about EDI Testing should be sent to the following email address: *TNHealth@state.tn.us*