

EDI SUPPLY REQUEST FORM

This form is to be used **only** to reorder Electronic Data Interchange (EDI) supplies for Delta Dental Texas CHIP Dental Services.

Billing Provider Name:	Provider Billing Number:
DBA (if applicable):	National Provider Identifier (NPI):
Mailing Address:	Telephone Number: ()
City, State:	ZIP Code:
Contact Name:	Contact Telephone Number: ()

EDI X-RAY ENVELOPES

Item	Description	Quantity
TX-54	Small X-ray Envelopes (for enclosing x-rays)	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30
TX-55	Large X-ray Envelopes (for enclosing x-rays)	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30
TX-56	Large Mailing Envelopes (to mail multiple x-ray envelopes)	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30

EDI LABELS

Item	Description	Quantity
TX - 018A	3-up Laser Labels (12 labels per sheet)	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20

If you have any questions or need help completing this form, please call our Provider Call Center at (866) 561-5891.

After completion of information, please mail or fax your request to:

Delta Dental State Government Programs
EDI Support Group
P.O. Box 537018
Sacramento, CA 95853-7018

FAX: (916) 852-8995
Attn: EDI Support Group