



**Texas Department of Insurance**  
**Division of Workers' Compensation**  
 7551 Metro Center Drive, Suite 100 • MS-5  
 Austin, TX 78744-1645  
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For TDI-DWC Use Only

**Insurance Carrier or Trading Partner  
 Medical Electronic Data Interchange (EDI) Profile**  
 (Fax form to TDI-DWC at the number shown above or email to [TXCOMP.Help@tdi.state.tx.us](mailto:TXCOMP.Help@tdi.state.tx.us))

**IMPORTANT: Complete all fields designated with an asterisk (\*). Form will be returned if any required fields are missing.**

**I. INSURANCE CARRIER OR TRADING PARTNER DESCRIPTION\***

1.  Insurance Carrier (includes certified self-insureds, certified self insurance groups, and governmental entities)  
 Trading Partner

**II. INSURANCE CARRIER OR TRADING PARTNER GENERAL INFORMATION**

<b>2. EDI Sender's Full Legal Name*</b> _____	<b>3. EDI Sender's FEIN*</b> _____	<b>4. EDI Sender's 9-Digit Postal Code* (Zip+4)</b> _____-____
<b>NOTE:</b> The FEIN and 9-Digit Postal Code will be combined to identify a unique sender (insurance carrier or trading partner) and must match the <b>SENDER ID</b> in the <b>Header Record</b> of the EDI transmissions.		
<b>5. Business Physical Address</b> Address Line 1* _____ Address Line 2 _____ City* _____ State* _____ Postal Code* _____		
<b>6. Business Mailing Address</b> (If different from above) Address Line 1 _____ Address Line 2 _____ City _____ State _____ Postal Code _____		

**III. INSURANCE CARRIER OR TRADING PARTNER EDI CONTACT INFORMATION**

<b>7. Medical EDI Business Contact</b> Name _____ Title _____ Phone _____ Fax _____ E-mail _____	<b>8. Medical EDI Technical Contact*</b> Name _____ Title _____ Phone _____ Fax _____ E-mail _____
<b>9. May TDI release your email addresses in response to a public information request?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**IV. INSURANCE CARRIER OR TRADING PARTNER PROJECTED MEDICAL EDI TRANSACTION VOLUME**

**10. Projected Annual Number of Transactions:**  
 \_\_\_\_\_

**11. Transmission Frequencies:**  
 Daily (Monday through Friday, excluding holidays)  
 Weekly – Specify Day(s):  SUN  MON  TUE  WED  THU  FRI  SAT

**NOTE: With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).**

**Frequently Asked Questions  
Insurance Carrier or Trading Partner  
Medical Electronic Data Interchange (EDI) Profile (DWC EDI-02)**

**Do all trading partners and insurance carriers have to submit the DWC EDI-02 form?**

All trading partners must submit the DWC EDI-02 form. However, insurance carriers are not required to file this form unless they submit all or part of their own medical EDI records directly to TDI-DWC.

**When does this form need to be filed?**

Under the provisions of 28 Texas Administrative Code (TAC) §134.808(d), an insurance carrier or trading partner must submit this information to TDI-DWC at least five days before sending its first test transaction to TDI-DWC. Failure to submit the DWC EDI-02 will prevent the insurance carrier or trading partner from logging into the agency's secure file transfer protocol environment.

**How do I report a change to the information reported on the DWC EDI-02 form?**

If any information reported on the DWC EDI-02 form changes, including information regarding the contact person, the insurance carrier or trading partner must file a new DWC EDI-02 within five working days.

**Why is information regarding transaction volume and frequency important?**

Information regarding transaction volume and frequency is important in developing a test plan and monitoring production for the insurance carrier or trading partner. TDI-DWC rules at 28 TAC §134.808(e) establish specific thresholds that must be met before an insurance carrier or trading partner is approved for production, including a volume-based metric.

**Questions?**

If you have questions about this form or need more information about the Medical Electronic Data Interchange (EDI), contact the EDI Help Desk at TDI-DWC by telephone at 888-4-TXCOMP or by email at [TXCOMP.Help@tdi.state.tx.us](mailto:TXCOMP.Help@tdi.state.tx.us).