



Division of Workers' Compensation - System Monitoring & Oversight (MS-8)
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INSURANCE CARRIER OR TRADING PARTNER
MEDICAL ELECTRONIC DATA INTERCHANGE (EDI) PROFILE

(Fax form to TDI-DWC at the number shown above or email to edisupport@tdi.texas.gov)

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-insurers, certified self-insurer groups, and governmental entities)
[] Trading Partner

II. INSURANCE CARRIER OR TRADING PARTNER GENERAL INFORMATION

2. EDI Sender's Full Legal Name* 3. EDI Sender's FEIN* 4. EDI Sender's 9-Digit Postal Code* (ZIP+4)

NOTE: The FEIN and 9-Digit Postal Code will be combined to identify a unique sender (insurance carrier or trading partner) and must match the SENDER ID in the Header Record of the EDI transmissions.

5. Business Physical Address
Address Line 1*
Address Line 2
City* State* Postal Code*

6. Business Mailing Address (If different from above)
Address Line 1
Address Line 2
City State Postal Code

III. INSURANCE CARRIER OR TRADING PARTNER EDI CONTACT INFORMATION

7. Medical EDI Business Contact
Name
Title
Phone
Fax
Email
8. Medical EDI Technical Contact*
Name
Title
Phone
Fax
Email

9. May TDI release your email addresses in response to a public information request? [] Yes [] 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

For TDI-DWC Use Only

**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 working 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, contact the EDI/TXCOMP Help Desk at TDI-DWC by telephone at 888-4-TXCOMP (888-489-2667) or by email at edisupport@tdi.texas.gov.

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the [Corrections Procedure](#) section at www.tdi.texas.gov.