



FIR Connectivity Request Form

Required Information

This form must be completely filled out in order to expedite the connectivity process. Please visit <http://medifacd.relayhealth.com> for details, instructions, support and further information.

General Information

Plan Name:

Processor Name:

Today's Date:

Contacts

Primary Plan Technical Coordinator:

Name:

Email:

Phone Number:

Connectivity Requirements

Indicate IP information for connectivity to be used for FIR production transactions:

IP Address:

Port:

Is this the same as your production connectivity for N transactions? Yes No

Connectivity Testing Technical Contact(s)

Name:

Email:

Phone Number:

Role:

Ongoing Production Contact: (for operations on or after 1/1/2009)

Name:

Email:

Phone Number:

Role: