

## Trading Partner Profile

Trading Partner Type:

Carrier

Third Party Administrator

Employer

Service Bureau

Sender Name:

Sender's FEIN:

Sender's Postal Code:

*(Must have 9 digits)*

Physical Address:

City:

State

Postal Code:

Mailing Address:

City:

State:

Postal Code:

Contact Information:

Business Contact:

Technical Contact:

Name:

Title:

Phone:

Fax:

E-mail:

## Transmission Profile – Sender's Response

Receiver Name:

State of Montana, Employment Relations Division

Master FEIN:

81-0302402

Postal Code:

59604-8011

Transaction Information: Transactions 148, A49, AK1 – **Flat File Release** *(IAIABC Claims Release 1)*

Transmission Frequencies: May transmit Sunday - Saturday. Acknowledgments processed Monday - Friday.

### Select one :

Electronic Mailbox(s) for this Profile:

Aerie EDI Group

EBIX (formerly Claims Harbor/Claimport)

IVANS/Advantis

Mitchell Regulatory Reporting Solutions

Health Tech

ISO wcPrism Solutions

Direct Reporting sFTP