meridianhealth
A WellCare Company

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MeridianHealth Electronic Data Interchange (EDI) Request

Contact Information

Health System:

Contact Name:

Email Address:

Phone Number:

Technical Contact:

EMR Database:

Data Exchange Type

☐ HEDIS®

☐ Admission Discharge Transfer (ADT)
(Hospital/Skilled Nursing Facility Only)

☐ Consolidated Clinical Data Architecture (CCDA/CCD)

☐ Lab Only

☐ Immunization Only

As part of this data-sharing initiative, a kick-off meeting is conducted to discuss the next steps and ensure all aspects are addressed. Please supply a preferred meeting time.

☐ In-Person Meeting Request   ☐ Telephonic Meeting Request

Date:	Time:	☐ a.m.	☐ p.m.
Date:	Time:	☐ a.m.	☐ p.m.
Date:	Time:	☐ a.m.	☐ p.m.
Date:	Time:	☐ a.m.	☐ p.m.

If you have any questions or would like additional information, contact your local Provider Network Development Representative or the Provider Services department at 866-606-3700.