

Northwood Inc.

Provider Electronic Claim Processing Application

Provider Information

Name: _____

Address: _____ Phone: _____

_____ Email: _____

_____ Fax: _____

Provider Number(s): _____

Line of Business (check all that apply): AAA MEEMIC Frankenmuth Wolverine TRW
 BCN BMCHP Well Sense Accident Fund SHP

Technical Information

Contact: _____

Address: _____

_____ Phone: _____

_____ Email: _____

_____ Fax: _____

Secure FTP Client: _____

Operating System: _____

EDI response notification Email address: _____

Signature _____ Date _____

Print Name _____ Title _____

Northwood use only:

User Name: _____ Password: _____

Password is case sensitive

Please return to Northwood, Inc. via fax to Information System Coordinator at (586)755 3733 for processing.