

1 Campus Martius, Suite 700 Detroit, MI 48226

 $\Box p.m.$

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		🗆 Te	□ Telephonic Meeting Request		
Date:		Time:		□ a.m.	□ p.m.
Date:		Time:		\Box 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 **888-773-2647**.

Date: _____

Time: 🗌 a.m.