



**Electronic Transaction Agent Designation Letter**

Independent Health Association, Inc.  
Attn: e-Commerce Dept.  
511 Farber Lakes  
Buffalo, New York 14221

Date: \_\_\_\_\_

Dear Sir or Madam:

I, \_\_\_\_\_, authorize \_\_\_\_\_ to  
Authorized Agent for Covered Entity Clearinghouse/Payment Processor  
exchange electronic files and access electronic documents, as described  
below, with Independent Health Association, Inc. for \_\_\_\_\_.  
Covered Entity

I further certify that a valid Business Associates Agreement is in effect

between: (1) the \_\_\_\_\_ and \_\_\_\_\_  
Clearinghouse/Payment Processor Covered Entity  
and its subsidiaries and (2) \_\_\_\_\_ and \_\_\_\_\_.  
Covered Entity Authorized Agent for Covered Entity

**We are requesting access to the following types of files to exchange and/or review:**

- 837 Electronic Claim Files and Response Files
- 835 Electronic Remittance Advices
- Electronic Documents on Reveal (Requires Reveal Intake Form & User Agreement)

Sincerely,

\_\_\_\_\_  
Signature of Authorized Agent for Covered Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Agent for Covered Entity

\_\_\_\_\_  
Tax ID

\_\_\_\_\_  
Address

\_\_\_\_\_  
Submitter/Trading Partner ID

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (including Area Code)

*Please fax this letter to (716) 929-1062. No information will be released to the Clearinghouse/Payment Processor until a signed letter is returned to Independent Health.*