



Contact Information Form (County Department of Social Services)

*County Department of Social Services Name	
Billing Agent Atypical ID/NPI	
*Transmission Supplier Number (TSN)	
*Contact Name: (First/Last)	
Physical Address (Street, City, State, ZIP Code)	
*Contact Phone Number	Ext _____
*Contact E-mail Address	
*Type of Sender	<input type="checkbox"/> County Department of Social Services

Please complete this form for EDI Services to activate the TSN for the Billing Agent ID.

Please email the completed form to NCMMIS_EDI_Support@csra.com

EDI Services will confirm activation of the TSN via email.

* required