

MAINE ELECTRONIC PARTNERING INSURER/CLAIM ADMINISTRATOR ID LIST

Maine Workers' Compensation Board Contact Information

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Date Prepared: _____

Sender/Trading Partner Information

Check One: POC ____ or Claims ____

Legal Name (no abbreviations): _____

* FEIN: _____ *Postal Code (9 digits): [_____] + [_____]

* The Sender FEIN and Postal Code must be the same as those that your company will use as the SENDER ID in the Header Record of all EDI transmissions, and must match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the FEIN, Legal Name, and Maine License Number for those companies the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with jurisdiction requirements as outlined in the Trading Partner Documents Instructions.

#	FEIN	Legal Name (no abbreviations):	Maine License Number
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Please use additional pages for more than 25 companies.