Please select the Data Submission Type for which a Submitter ID is requested. At _least one option_ must be selected to continue.

	Encounter Data
	Medicare-Medicaid Data (MMP)
	Prescription Drug Event (PDE)
	Risk Adjustment Data (RAPS)

Please select the entity type.*

	Contract Submitter
	Third Party Submitter

Depending on which option is selected, the user will be routed to either the Contract or Third Party Submitter application.

Submitter Information *(Contract Version)*

Organization Name	
Contract Number	
Address	
Address 2	
City, State, Zip	
Fax Number	
Operations Contact Representative	
Name	
Contact Number	
Email	
Technical Contact Representative	
Name	
Contact Number	
Email	
Connection Type	
	☐**FTP – Lease Line; Dial-up Modem**
	☐**NDM/Connect:Direct**
	☐**Gentran/TIBCO (MFT)**

Please list additional contracts to be linked to the assigned Submitter ID.

Submitter Information *(Third Party Version)*

Organization Name	
Address	
Address 2	
City, State, Zip	
Fax Number	
Operations Contact Representative	
Name	
Contact Number	
Email	
Technical Contact Representative	
Name	
Contact Number	
Email	
Connection Type	
	☐**FTP – Lease Line; Dial-up Modem**
	☐**NDM/Connect:Direct**

Step 4 - **Review the application.**

Step 5 - **Confirm, print, and submit application (electronically).**