

Provider Search Information

eHealth adapts to most file transfer mechanisms. We prefer carrier delivering to our SFTP server, IP a

- Here is the provider data requirement eHealth would prefer:
- Provider name
- Office address, including zip code
- Office phone
- Provider type (i.e. Physician, Hospital, Clinic, Lab, Pharmacy, Other facility)
- Specialty (Pediatrics, Internal Medicine, if applicable)
- Credential Title (MD, DO, DDS, if applicable)
- National Provider ID (NPID), if available
- Some unique ID for every provider, if not NPID
- PCP # (if applicable)
- Carrier's provider ID Network affiliation (available with which network? HMO? PPO subset?)
- Accepting new patients?
- Physician gender, education, languages (if available)
- Physician hospital, clinic, or medical group affiliation (if available)

address: 12.130.143.207