Reserve National INSURANCE COMPANY

601 E Britton Rd
Oklahoma City, OK 73114

CONNECTIVITY REQUEST

Please complete the following form and fax the form to **Reserve National Insurance Company, (405) 843-3850, Attention Raymund Gordon**
A Connectivity Request form is required for each provider group.

PROVIDER NAME			
CONTACT NAME		**TITLE**	
MAIL ADDRESS	**CITY**	**STATE**	**ZIP CODE**
PHONE NUMBER	**FAX NUMBER**	**EMAIL ADDRESS**	

VENDOR / CLEARINGHOUSE NAME	**CONTACT NAME**	**TITLE**	
MAIL ADDRESS	**CITY**	**STATE**	**ZIP CODE**
PHONE NUMBER	**FAX NUMBER**	**EMAIL ADDRESS**	

Select the transactions requested:

Transaction	Effective Date	X12 Version
270/271		
276/277		
278		
835		
837 Institutional		
837 Professional		

Type of Sender (select one): ☐ Provider ☐ Clearinghouse	**Sender/Receiver ID (Federal Tax ID):**

X_____ _____

Date **Print Name/Title** **Authorized Signature**

Form Con Req.