



Texas Division of Workers' Compensation
(TXDWC)

EDI Billing Registration Instructions

Revised Date: 4/19/2022

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Overview

TXDWC EDI Billing Registration requires each carrier to create and submit a New Profile and when changes occur to update My Profile. Billing registration is completed by the Parent Insurance Carrier/Parent Self-Insured Entity. It is not intended to be completed by a Third-Party Administrator (TPA), EDI Vendor, Government Entity, Contractor or Transmission Agent of the Parent Insurance Carrier/Parent Self-Insured Entity.

The Parent Insurance Carrier/Parent Self-Insured Entity primary and secondary contact information will be used by Verisk to email the assessment invoices for payment.

The following provides information for accessing and completing a NEW or UPDATED TXDWC EDI Billing Registration.

Billing Account Creation

To access and complete a Billing Registration Profile, the carrier will need to sign in to [Verisk's Trading Partner Registration system](#) (if previously registered).

If this is the **first time** accessing the TXDWC EDI Billing Registration system, create an account by:

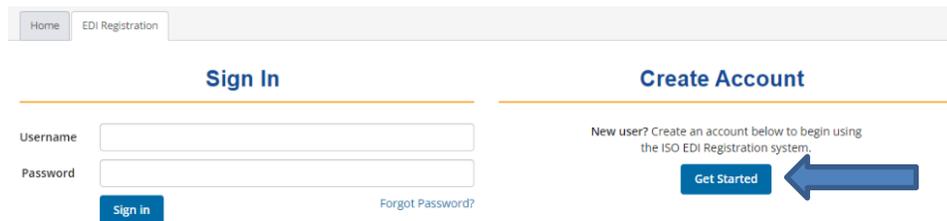
- 1) Click the **Billing Registration** link on the website



- 2) Scroll to the bottom of the landing page and click the box titled "Click here to access Billing Registration."

[Click here to access Billing Registration](#)

- 3) Click the 'Get Started' box.

A screenshot of a web page with a navigation bar at the top containing "Home" and "EDI Registration". Below the navigation bar are two main sections: "Sign In" and "Create Account". The "Sign In" section has input fields for "Username" and "Password", a "Sign In" button, and a "Forgot Password?" link. The "Create Account" section has a "Get Started" button. A blue arrow points to the "Get Started" button. The text "New user? Create an account below to begin using the ISO EDI Registration system." is positioned above the "Get Started" button.

- 4) On the 'New Account' page enter your e-mail address and choose a password for your new account.

New Account

Please enter your email address and choose a password for your new account.

After your account has been created, a message will be sent to the specified email address with instructions to activate your account.

Email Address

Password

Must be at least 8 characters.

[Create Account](#)

After your account has been created, a message will be sent to the specified e-mail address with an **activation code** to activate your account.

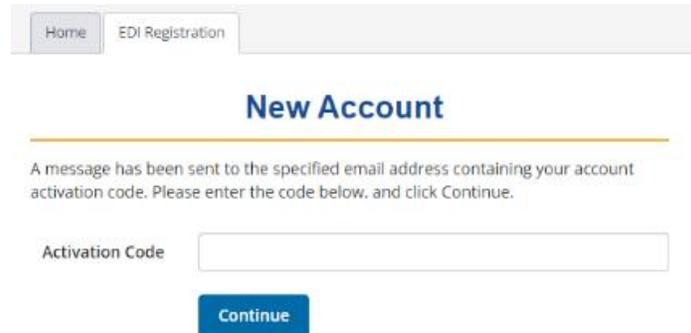
Welcome to the EDI Registration system.

Your account has been created successfully. To activate your account, enter the following code when prompted.

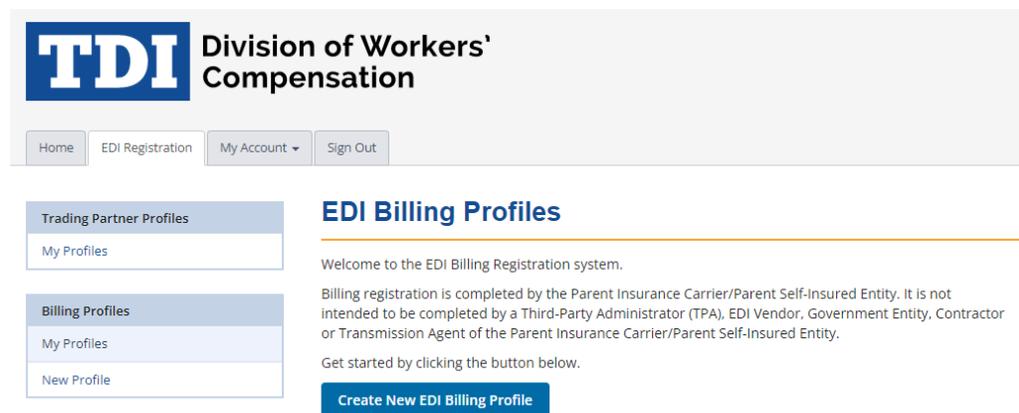
Activation Code:

667c3

Once the activation code is obtained, enter the code in the '**Activation Code**' box and click 'Continue'



5) The '**EDI Billing Profiles**' page displays



Once signed in you will have the option to create a **New Profile** if it's the first time or update a previously submitted profile (**My Profiles**)



Billing Profile Creation

1) Click "Create New EDI Billing Profile"

Home | EDI Registration | My Account | Sign Out

Trading Partner Profiles
My Profiles

Billing Profiles
My Profiles
New Profile

EDI Billing Profiles

Welcome to the EDI Billing Registration system.

Billing registration is completed by the Parent Insurance Carrier/Parent Self-Insured Entity. It is not intended to be completed by a Third-Party Administrator (TPA), EDI Vendor, Government Entity, Contractor or Transmission Agent of the Parent Insurance Carrier/Parent Self-Insured Entity.

Get started by clicking the button below.

[Create New EDI Billing Profile](#)

2) Enter the Parent Company Name, FEIN, and Company Type (Insurer or Self-Insured Employer) from the picklist and select 'Continue'

New EDI Billing Profile

Jurisdiction TX

Parent Company Name
The name of the Parent Insurance Carrier/Parent Self-Insured Company

Parent Company FEIN
Parent Insurance Carrier/Parent Self-Insured Company nine digit FEIN, no dashes

Parent Company Type

[Continue](#)

3) Enter the Name and Address as it should appear on the billing invoice your Company will receive. Enter the email address/s of the responsible individual/s at your Company who will process the invoice for payment.

Billing Invoice Information

Name and address information as it should appear on the Billing Invoice.

Name

Address

City

State

Postal Code
Must be 5 or 9 numeric digits, no dashes

Email
One Email address required, up to five allowed

Additional email

Additional email

Additional email

Additional email

[Save Changes](#) [Next Page](#)

4) Enter the **Primary Billing Contact Information** responsible for processing the billing invoice for payment

Billing Profile Sections
Parent Company
Invoice Info
Primary Billing Contact
Secondary Billing Contact
Additional Billing Contacts
Insurers
Submit Profile

Primary Billing Contact Information

Name
First Middle Last Suffix

Working Title

Phone

Email

5) Enter the **Secondary Billing Contact Information** responsible for processing the billing invoice for payment. A Secondary Contact is required; it cannot be the same as the Primary Contact.

Billing Profile Sections
Parent Company
Invoice Info
Primary Billing Contact
Secondary Billing Contact
Additional Billing Contacts
Insurers
Submit Profile

Secondary Billing Contact Information

Name
First Middle Last Suffix

Working Title

Phone

Email

6) Optionally (not required) you may enter up to three **Additional Billing Contacts**.

Billing Profile Sections
Parent Company
Invoice Info
Primary Billing Contact
Secondary Billing Contact
Additional Billing Contacts
Insurers
Submit Profile

Additional Billing Contacts

Additional Email Addresses

6) Click **“Add Insurer”** to enter the Insurance Carrier Subsidiaries/Self-insured Entities

Billing Profile Sections

- Parent Company
- Invoice Info
- Primary Billing Contact
- Secondary Billing Contact
- Additional Billing Contacts
- Insurers
- Submit Profile

Insurance Carrier Subsidiaries / Self-Insured Entities

Enter each of your Insurance Carrier subsidiary companies/Self-Insured entities (if applicable) with Claim EDI FROI/SROI transactions in Texas. The entries should match your Trading Partner Registration Insurer Name and Insurer FEIN entries.

At least one active Insurer entry is required.

FEIN	INSURER NAME	STATUS	ACTIONS
<div style="display: flex; justify-content: center; gap: 10px;"> Add Insurer Next Page </div>			



7) Enter each individual Insurance Company Subsidiaries/Self-insured Entity Name and FEIN and **‘Save Changes’**

Billing Profile Sections

- Parent Company
- Invoice Info
- Primary Billing Contact
- Secondary Billing Contact
- Additional Billing Contacts
- Insurers
- Submit Profile

Insurance Carrier Subsidiary / Self-Insured Entity

Insurer FEIN
Must be 9 numeric digits, no dashes

Insurer Name

Save Changes
Cancel



Continue until all carriers are entered. Once completed click on **‘Next Page.’**

Billing Profile Sections

- Parent Company
- Invoice Info
- Primary Billing Contact
- Secondary Billing Contact
- Additional Billing Contacts
- Insurers
- Submit Profile

Insurance Carrier Subsidiaries / Self-Insured Entities

Enter each of your Insurance Carrier subsidiary companies/Self-Insured entities (if applicable) with Claim EDI FROI/SROI transactions in Texas. The entries should match your Trading Partner Registration Insurer Name and Insurer FEIN entries.

FEIN	INSURER NAME	STATUS	ACTIONS
121245245	Boston Celtics	Added	Edit Remove
188937124	Boston Bruins	Added	Edit Remove
887654321	Boston Red Sox	Added	Edit Remove
987654311	Acme insurance company	Added	Edit Remove
987994311	New England Revolution	Added	Edit Remove
999999912	New England Patriots	Added	Edit Remove

Add Insurer
Next Page



8) Click **“Submit Profile”** to complete the Profile creation and/or updates to an existing Profile

Billing Profile Sections

- Parent Company
- Invoice Info
- Primary Billing Contact
- Secondary Billing Contact
- Additional Billing Contacts
- Insurers
- Submit Profile

Submit Billing Profile

Submit Profile
Cancel Profile

If the Profile was successfully submitted this screen will display with the text **“Profile submitted successfully”** and Status **“Submitted.”**

Trading Partner Profiles

- My Profiles

Billing Profiles

- My Profiles
- New Profile

EDI Billing Profiles

Profile submitted successfully

JUR	COMPANY FEIN	COMPANY NAME	STATUS	ACTIONS
TX	191820042	Boston Red Sox	Submitted	<input type="button" value="Update"/>

Upon **completion** of the EDI Billing Registration Profile online, an automated email is sent to the primary contact, secondary contact, and optional email contacts, if entered. This will serve as notification to the carrier and Verisk of the completion/update of a Billing Registration Profile. Below is an example of the TXDWC EDI Billing Registration Profile registration. The information that is completed on the profile will be included in the email.

```

-- EDI Billing Profile --
Jurisdiction: TX
Profile Action: New
Submitted By: johndoe@insurancecompany.com

-- Parent Insurance Carrier/Self-Insured Information --
Company FEIN: 191820042
Company Name: Boston Red Sox
Company Type: Self-Insured Employer

-- Invoice Information --
Name: John Smith
Address 1: 100 main st
Address 2:
City: Dallas
State: TN
Postal: 435431234
Email: Janedoe@insurance.com
Email: Davidones@insurance.com
Email: Sarasmith@insurance.com
Email: Roadrunner@insurance.com
Email: BeepBeep@insurance.com

-- Primary Contact --
Primary Contact Name: John Smith
Primary Contact Title: Operations Mgr
Primary Contact Phone: 12014693184
Primary Contact Email: johndoe@insurancecompany.com

-- Secondary Contact --
Secondary Contact Name: Jane Smith
Secondary Contact Title: Accountant
Secondary Contact Phone: 12014693183
Secondary Contact Email: janedoe@insurancecompany.com

-- Additional Contacts --
Additional Email:
Additional Email:
Additional Email:

-- Insurance Carrier Subsidiaries / Self-Insured Entities --

-- Insurer (1) --
Action: Add
Insurer Status: Active
Insurer FEIN: 999999912
Insurer Name: New England Patriots

-- Insurer (2) --
Action: Add
Insurer Status: Active
Insurer FEIN: 121245245
Insurer Name: Boston Celtics

-- Insurer (3) --
Action: Add
Insurer Status: Active
Insurer FEIN: 188937124
Insurer Name: Boston Bruins
    
```

Billing Account Access

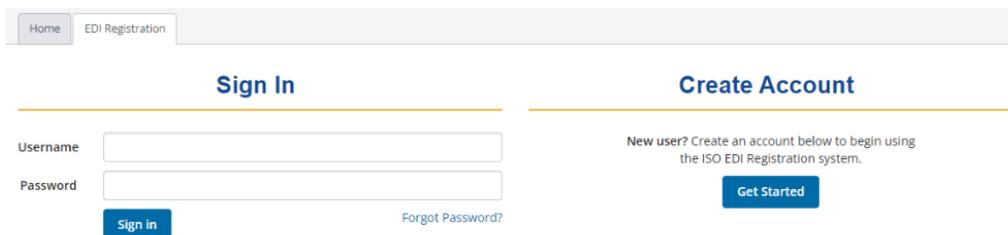
1) Click the **Billing Registration** link on the website



2) Scroll to the bottom of the landing page and click the box titled “Click here to access Billing Registration.”



3) Enter your Username/Password and click the ‘Sign In’ box.



Your **EDI Billing Profiles** will display.



Clicking the **Update** button will display the **Billing Profile Sections** links available to update, if needed. Once updates are completed, clicking the **Submit Profile** button to submit the changes generates an automated email to the primary contact, secondary contact, and optional email contacts, if entered. This will serve as notification to the carrier and Verisk of an update to a Billing Registration Profile

