



## Secured File Transfer Protocol (sFTP) Information Request

### Pharmacy Data

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#### **GENERAL INFORMATION**

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

*(Please note the contact cannot be Helpdesk or a Distribution List and has to be the owner of the data on the external side.)*

#### **EXTERNAL PARTY CONNECTION INFORMATION**

Aetna will need the following information if the data exchange requires that Aetna initiates the files to the external party:

IP Address: \_\_\_\_\_

DNS Name: \_\_\_\_\_

Login ID: \_\_\_\_\_

Permanent Password: \_\_\_\_\_

Path to send files to (exact upper- lower-case is needed): \_\_\_\_\_

Can we use SSH (preferred) or SSL protocol to connect? \_\_\_\_\_

Port number? \_\_\_\_\_