

DESIGNATION OF AN 835 or 834-820 TRADING PARTNER

By completing and signing this form the provider authorizes the department to transmit member enrollment and remittance advice data in an X12-4010A1 format through the EDI Trading Partner listed in Section III of this form.

Please print or type all of the information on this form.

SECTION I: MEDICAID PROVIDER INFORMATION (To be completed by the ODJFS Medicaid Provider)**Reason for Notification: (Check one)**

- Establishing** electronic Trading Partner relationship Effective Date _____
- Changing** Trading Partners Effective Date _____
- Canceling** connection with Trading Partner Effective Date _____

Provider Name			NPI number	
Provider Street Address			Ohio Medicaid Provider ID	
City	State	Zip Code	Tax ID	
Contact Person			Phone Number	
Email Address			Fax Number	
Authorized Signature (REQUIRED)		Title	Date	

SECTION II: DESIGNATION OF A TRADING PARTNER

I understand that each Medicaid provider may designate only **one** EDI trading partner (TP) to receive the 835 or the 834-820 transaction(s). The trading partner listed in **Section III** is being designated as our organization's/practice's trading partner to receive the following transaction(s).

Choose all that apply: 835 (Fee for Service) 835 (Point of Sale) 834-820 (HMO or ECM)

ODJFS currently has another trading partner designated to receive the 835 or 834-820 on behalf of the provider listed in Section I .	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name of your current TP and their Medicaid trading partner number:	
Current TP name	Current TP number

This TP will no longer be able to receive your transaction(s). Your transaction(s) will go to the TP designated in Section III.

Please enter the name of your new trading partner in Section III.

Send the form to the Trading Partner designated in Section III for completion and signature.

SECTION III: TRADING PARTNER INFORMATION (To be completed by the Trading Partner)

Trading Partner Name		7-digit Trading Partner Number
Contact Person		Phone Number
Email Address		Tax ID
Authorized Signature (REQUIRED)	Title	Date

Instructions intended for the Trading Partner listed in Section III

The trading partner must make sure all sections of the form have been completed. The trading partner must maintain a copy of this completed form in their files and must forward a copy to ODJFS.

Trading partners must send the completed JFS 06306 form to:

Ohio Department of Job and Family Services
MMIS-EDI-Support - TPMF Updates
4200 E. Fifth Ave. - 1st Floor, Section E01
Columbus, Ohio 43219-1851
or Fax: (614) 644-8989