DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-13393 (02/10)

STATE OF WISCONSIN

FORWARDHEALTH
TRADING PARTNER 835 DESIGNATION

Instructions: The Trading Partner 835 Designation form is to be completed by providers using third-party Electronic Data Interchange (EDI) trading partners. By completing this form, the provider certifies that the trading partner identified in Section III of this form is authorized to receive electronic X12 835 Health Care Claim Payment/Advice (835) transactions on the provider's behalf. Providers may submit this form by fax at (608) 221-0885 or by mail to ForwardHealth, EDI Department, 6406 Bridge Road, Madison, WI 53784-0009. Type or print clearly. Refer to the Trading Partner 835 Designation Completion Instructions, F-13393A, for detailed information on completing this form.

SECTION I — PROVIDER ADDRESS INFORMATION

Name — Provider	Address Line 1 — Provider
Address Line 2 — Provider	City, State, ZIP+4 Code — Provider

SECTION II — PROVIDER INFORMATION

NAME — PROVIDER	NATIONAL PROVIDER IDENTIFIER / PROVIDER NUMBER	TAXONOMY CODE	PRACTICE LOCATION ZIP+4 CODE	FINANCIAL PAYER

SECTION III —TRADING PARTNER INFORMATION

NAME — TRADING PARTNER	TRADING PARTNER IDENTIFICATION NUMBER

SECTION IV — AUTHORIZED REPRESENTATIVE

By signing below, the provider's representative certifies that the trading partner identified in Section III is authorized to receive the 835 transactions on the provider's behalf.

Name — Authorized Representative	Telephone Number — Authorized Representative
SIGNATURE — Authorized Representative	Date Signed — Authorized Representative

Reset Form

F-13393