## F-13393_Trading Partner 837 Designation form**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services

F-13393 (02/2010)

**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, 313 Blettner Boulevard, Madison, WI 53784. Type or print clearly. Refer to the Trading Partner 835 Designation Completion Instructions, F-13393A, for detailed information on completing this form.

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| **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** |
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| **SECTION III —TRADING PARTNER INFORMATION** | | | | | |
| **NAME — TRADING PARTNER** | | **TRADING PARTNER IDENTIFICATION NUMBER** | | | |
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| **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 | |