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.

SECTION I — PROVIDER ADDRESS	INFORMATION			
Name — Provider Address Line 2 — Provider		Address Line 1 — Provider City, State, ZIP+4 Code — Provider		
NAME — PROVIDER	NATIONAL PROVIDER IDENTIFIER / PROVIDER NUMBER	TAXONOMY CODE	PRACTICE LOCATION ZIP+4 CODE	FINANCIAL PAYER
CECTION III TRADING DARTNER	NEODWATION			
SECTION III —TRADING PARTNER INFORMATION NAME — TRADING PARTNER		TRADING PARTNER IDENTIFICATION NUMBER		
By signing below, the provider's represente provider's behalf.	sentative certifies that the trading pa	artner identified in Section	III is authorized to recei	ve the 835 transactions on
Name — Authorized Representative		Telephone Number — Authorized Representative		
SIGNATURE — Authorized Representative		1	Date Signed — Authorized Representative	