

Ohio Department of Medicaid
AUTHORIZATION TO POST TRADING PARTNER INFORMATION

Date	Company Name		
Seven Digit Trading Partner Number		Contact Person	
Phone Number		Fax Number	
Company Street Address		City	State Zip Code
Company Website		Contact Email Address	
Signature			Date

Indicate Authorized Trading Partner List(s) to publish:

- 837P (Professional) 837I (Institutional) 837D (Dental) 835-ONLY
 270 Eligibility Inquiry

NOTE: Trading Partners only need to complete this form if they choose to offer their EDI services to other providers. Omit any information that the Ohio Department of Medicaid is not authorized to publish.

Please fill in applicable information and return via email to: OhioMCD-EDI-Support@dxc.com
 or fax to: 866-203-0018. *Signature is required if the form is faxed.*

Thank you,
 Ohio Department of Medicaid