

Ohio Department of Job and Family Services
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 _____
(I do not currently have a Trading Partner relationship)
- Changing Trading Partners 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 _____ 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**.

- Yes 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 _____ 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