

**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. *All fields with an (\*) are required. Forms missing required information will not be processed. Please include information in other fields if it is available. Current date will be used if the Effective Date is not included.*

**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 \_\_\_\_\_
- Changing** Trading Partners      Effective Date \_\_\_\_\_
- Canceling** connection with Trading Partner      Effective Date \_\_\_\_\_

Provider Name*		NPI number
Provider Street Address*		Ohio Medicaid Provider ID*
City*	State*	Zip Code
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 <b>Section I</b> .	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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		
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. - 1<sup>st</sup> Floor, Section E01  
Columbus, Ohio 43219-1851  
or Fax: (614) 644-8989 or E-Mail: [MMIS-EDI-Support@jfs.ohio.gov](mailto:MMIS-EDI-Support@jfs.ohio.gov)