



**ACS EDI TRADING PARTNER
CHANGE REQUEST FORM**



*Use this form to add or remove a Washington Medicaid Provider
Number or to request a change to your existing Trading Partner information*

1. Trading Partner Information: Is this a change? Yes No

Trading Partner Identification Number (Medicaid Submitter Number)											
Business Name											
Business Street Address											
City, State, Zip Code											
Telephone				Fax				EIN Number			

2. Contact Individual: Is this a change? Yes No

Contact Name and Title	
Business Street Address	
City, State, Zip Code	
Telephone	Fax
Email Address	

3. Provider(s) to be added or removed:

Provider Name	Medicaid Provider Number	Add	Remove

if you have additional providers to report, please attach additional sheets as necessary.

4. Authorizing Signature

Trading Partner/Trading Partner Representative Name (Please print)

Trading Partner/Trading Partner Representative Signature / *Date:*

Billing Agent/Clearinghouse name (please print)

Billing Agent/Clearinghouse ACS Trading Partner/Submitter ID