Ohio Department of Medicaid

AUTHORIZATION TO POST TRADING PARTNER INFORMATION

Date	Seven Digit Trading Partner Number		
Company Name	Contact Person	Phone 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

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: 866-203-0018. *Signature is required if the form is faxed.*

Thank you,
Ohio Department of Medicaid