

Ohio Department of Medicaid

**AUTHORIZATION TO POST TRADING PARTNER INFORMATION**

Date	7-Digit Trading Partner Number
Company Name	Contact Person
Company Address	Contact Phone Number
Company Website	Contact Email Address
Signature	Date

**NOTE: Trading Partners only need to complete this form if they wish 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 return via email to [DAS-EDI-SUPPORT@DAS.OHIO.GOV](mailto:DAS-EDI-SUPPORT@DAS.OHIO.GOV). You may fax the form to 614-644-8989. Signature is required if the form is faxed.

Thank You.

DAS-EDI-Support

614-387-1212