

## KY Medicaid Trade File 270/271 & 276/277

| 270/271  | 276/277      |         |  |
|--|--------------|---------|--|
| If you have a Trading Partner ID please enter below: (10 digits beginning with 99)             |              |         |  |
| Company Information  | tion:        |         |  |
| Company:   |              |         |  |
| Address:   |              |         |  |
| City:  | State:       | Zip:    |  |
| Contact:   |              |         |  |
| Phone:Fax:   |              |         |  |
| E-mail Address:  |              |         |  |
| List the legacy provider id and User name of the KY Health Net account for Trade Files option. |              |         |  |
| KY Medicaid I  | D Account Us | er Name |  |
|  |              |         |  |
|  |              |         |  |
|  |              |         |  |
|  |              |         |  |
|  |              |         |  |
|  |              |         |  |

Please submit this form by one of the methods listed

• Email: <u>KY\_EDI\_Helpdesk@dxc.com</u>

• Fax: (502) 209-3242

Mail: DXC – EDI Helpdesk – 656 Chamberlin Ave. – Frankfort, KY 40601