



KY MEDICAID TRADE FILE APPLICATION

837/999 AND 835/U277 TRANSACTIONS

837/999 835/U277

Enter Trading Partner #: (10 digits beginning with 99)

Company Information:

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 Provider # **Account User Name**

KY Provider #	Account User Name

Please submit this form by one of the methods listed

- Email: KY_EDH_Helpdesk@gainwelltechnologies.com or Fax: (502) 209-3200