

CEDI Trading Partner Address and Contact Information Change Form

The authorized person signing this form requesting changes to the information on file for the CEDI Trading Partner ID agrees to the CMS Standards for exchanging electronic transaction and that the information included on this form is accurate and true.

Note: By requesting this change, the front-end edit reports received will also reflect this change of address.

An incomplete or inaccurate form will be returned.

Old Trading Partner Information (for verification purposes)

Submitter ID: _____

Submitter and/or Receiver Name: _____

Street Address: _____

City, State, ZIP Code: _____

Contact Name: _____

Contact Phone Number: _____ E-mail: _____

Contact Fax Number: _____

Please provide the NPI and PTAN for one supplier associated with this Trading Partner ID:

NPI: _____ PTAN: _____

New Trading Partner Information

Submitter ID: _____

Submitter and/or Receiver Name: _____

Street Address: _____

City, State, ZIP Code: _____

Contact Name: _____

Contact Phone Number: _____ E-mail: _____

Contact Fax Number: _____

Authorized DME Submitter Signature: _____

Title: _____ Date: _____

Fax this form to: 315-442-4299