

DANE COUNTY DEPARTMENT OF HUMAN SERVICES TRADING PARTNER PROFILE

(Please refer to the Trading Partner Profile instructions for guidance in completing this form)

SECTION I — TRADING PARTNER INFORMATION

Name — Organization		Address Line 1 — Organization	
Address Line 2 — Organization		(City, State, Zip Code) — Organization	
Organization ID used in electronic transactions		Type of Organization ID (NABP, Fed. Tax #, Medicaid Provider ID, etc)	
Name — Primary Contact		Address Line 1 — Primary Contact	
Address Line 2 — Primary Contact		(City, State, Zip Code) — Primary Contact	
Telephone Number — Primary Contact	Fax — Primary Contact	E-mail Address — Primary Contact	
Name — Technical Contact		Address Line 1 — Technical Contact	
Address Line 2 — Technical Contact		(City, State, Zip Code) — Technical Contact	
Telephone Number — Technical Contact	Fax — Technical Contact	E-mail Address — Technical Contact	

SECTION II — TRADING PARTNER TRANSACTION SETS

NCPDP Version 1.1 (Batch) Telecommunication Standard for Retail Pharmacy Claims	<input type="checkbox"/>
X12 837i Health Care Claim: Institutional (outbound)	<input type="checkbox"/>
X12 837p Health Care Claim: Professional (outbound)	<input type="checkbox"/>
X12 837d Health Care Claim: Dental (outbound)	<input type="checkbox"/>
X12 835 Health Care Claim Payment / Advice (inbound)	<input type="checkbox"/>
X12 270 Health Care Eligibility Benefit Inquiry (outbound)	<input type="checkbox"/>
X12 271 Health Care Eligibility Benefit Response (inbound)	<input type="checkbox"/>
X12 276 Health Care Claim Status Request (outbound)	<input type="checkbox"/>
X12 277 Health Care Claim Status Response (inbound)	<input type="checkbox"/>
X12 997 Functional Acknowledgement (inbound)	<input type="checkbox"/>
X12 TA1 Interchange Acknowledgement (inbound)	<input type="checkbox"/>

SECTION III — INDIVIDUAL COMPLETING FORM

Name — Individual Completing Form		Telephone Number — Individual Completing Form	
Fax — Individual Completing Form		E-mail Address — Individual Completing Form	
SIGNATURE — Individual Completing Form			Date Signed

SECTION IV — DANE COUNTY USE ONLY (Do not write below this line)

Date Profile Received	Date Profile Processed	Return Reason	Initials
Date Test File Received	Date Test File Verified		

Please complete and send to Ken Baun, Dane County Human Services, 1202 Northport Dr, Madison WI 53704, or fax to (608) 242-6531