



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
CORDELL HULL BUILDING  
425 FIFTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37247-5262**

Dear Provider,

In order for you to begin the third party testing process required for conducting business electronically with the Tennessee Department of Health (TDH) certain information will be needed from your office.

Please complete the enclosed form and return to this office. In reference to the form enclosed, the following terms are explained:

“Trading Partner” is a Provider, Clinic or Agency that has entered into a Trading Partner Agreement with TDH to conduct electronic Data Transactions.

“EDI Submitter” is the entity that establishes the electronic connection with TDH to submit or receive an electronic Data transaction on behalf of a Trading Partner (i.e. Clearinghouse).

EDI Submitter is the person or entity authorized by you to conduct your electronic media connection with TDH to conduct EDI transactions.

NOTE: If you submit your own electronic billings, then you are also the EDI Submitter. If a clearinghouse submits your electronic billings on your behalf, then the clearinghouse is the EDI Submitter.

After we have received the information this office will contact you regarding the testing process and will mail you the Trading Partner Agreement that must be completed before you can submit electronic transactions.

If you have any questions, please feel free to contact this office at 1- 877- 280-0054.

Sincerely yours,

Sandra J. Sturgis  
Director of HIPAA

Enclosure

# APPLICATION FOR AUTHORIZATION

## Instructions:

- A separate form must be submitted by EACH Trading Partner for EACH EDI Submitter.
- See next page for EDI Submitter Certification Conditions.
- Copy both pages of this form for your files.
- Complete Sections A or B, and Section C below.

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## Check appropriate box:

**New Application**

**Updated Application (effective date: \_\_\_\_\_)**

### A. Trading Partner Application for Authorization to Submit EDI Transactions:

I, the Trading Partner (Provider/Clinic/ Agency) signing this Application, by identifying myself in Section C below as the EDI Submitter, hereby request TDH's approval to register my EDI Transactions with TDH.

### B. Trading Partner Authorization of EDI Submitter:

I, the Trading Partner (Provider/Clinic/ Agency) signing this Application, by identifying my EDI Submitter in Section C below as the EDI Submitter, hereby request TDH's approval to register my EDI Submitter to prepare, process, submit, and receive my EDI Transactions with TDH. I authorize my EDI Submitter to take the following actions on my behalf (mark those that apply):

Request and obtain Third Party Testing with TDH for my Registered Transactions.

Request and obtain business-to-business testing with TDH for my Registered Transactions.

Submit a request for approval to conduct my Registered Transactions.

Submit updates of EDI Submitter Information on this Authorization form.

Submit updates of the EDI Registration Form.

Request password and log-on information for my Registered Transactions.  
 Conduct my Registered Transactions.

I understand that authorization to act as EDI Submitter and to register EDI Transactions will not be effective until approved by TDH.

Provider/Clinic/Agency Name (print): \_\_\_\_\_  
Provider/Clinic/Agency Phone Number: \_\_\_\_\_  
Authorized Provider/Clinic/Agency Signature: \_\_\_\_\_  
TDH Contract or Provider Identification  
Number(s): \_\_\_\_\_  
Federal Taxpayer Identification  
Number: \_\_\_\_\_  
Date: \_\_\_\_\_

**C. EDI Submitter Information:**

EDI Submitter Legal Entity Name:

\_\_\_\_\_

EDI Submitter Contact Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

EDI Submitter Federal Tax ID Number: \_\_\_\_\_

TDH EDI Submitter Number (if available): \_\_\_\_\_

Type of X-12 Submission:

\_\_\_ 837 Professional

\_\_\_ 837 Institutional

\_\_\_ NCPDP

\_\_\_ 837 Dental.

NOTE: If Trading Partner will be acting as its own EDI Submitter, insert Trading Partner's name and information in the "EDI Submitter Information" section. If Trading Partner will be acting as its own EDI Submitter, STOP HERE.  
If Trading Partner will be using an Agent as its EDI Submitter, each EDI Submitter shall sign the following Certification. Failure to include this Certification will result in a rejection of registration of the EDI Submitter.

## To be Completed Only if Provider is also the EDI Submitter:

### EDI Submitter Certification Conditions

I, EDI Submitter, agree to and certify as follows:

1. All Data I submit to TDH on behalf of Trading Partner is a true and correct representation of the Source Data received from Trading Partner.
2. I understand that I may be prosecuted under applicable federal and state criminal and civil laws for submitting false claims, concealing material facts, misrepresentation, falsifying Data system input, other acts of misrepresentation, or conspiracy to engage therein.
3. I will maintain Data Transaction information for seven years from the date of the service and be able to reproduce claims for resubmission or audit upon request by TDH.
4. I will only take such actions that are authorized in the Application or by Change Request by the Trading Partner with respect to Trading Partner's Registered EDI Transactions.
5. Before billing for any services or conducting a Transaction, I will review and fully comply with the TDH rules, and other federal and state laws and regulations applicable to the services and to the Registered transactions.
6. I will allow, upon request, and at a reasonable time and place, authorized federal or state government agents to inspect and copy any records I maintain on the services provided and billed on behalf of Trading Partner, or otherwise related to an EDI Transaction.

### EDI Submitter Certification:

I certify that I am authorized by the Trading Partner identified herein to submit Registered EDI Transactions to TDH. Failure of the EDI Submitter to agree to or to comply with these Certification Conditions shall result in denial or termination of EDI Submitter registration by TDH. My signature below signifies agreement to these EDI Submitter Certification Conditions.

EDI Submitter Name and Title:

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Phone number:

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EDI Submitter Signature:

Date:

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TDH EDI Submitter Number (if available):

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