



Trade Files options in KY Health Net Form

837/999 **835/U277**

If you have a Trading Partner ID please enter below: (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 Medicaid ID

Account User Name

KY Medicaid ID	Account User Name

Please submit this form by one of the methods listed

- Email: KY_EDI_Helpdesk@dxc.com
- Fax: (502) 209-3242
- Mail: DXC – EDI Helpdesk – 656 Chamberlin Ave. – Frankfort, KY 40601