ELECTRONIC TRADING PARTNER PROFILE

Revised 3/25/2009

Trading Partner Type (check all that apply)**:**

<u>x</u> Jurisdiction   __ Third Party Administrator
__ Service Bureau / DCO   __ Self-Insurer
__ Employer   __ EDI Service Provider
__ Insurer   __ other (specify):_____

Master Trading Partner Information:

Legal Name (no abbreviations): <u>Kentucky Department of Workers' Claims</u>

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Master ID FEIN:<u>   61-0600439   </u>   **Postal Code** (9 digits): {<u>40601</u>} – {6157}

Physical Address:

Address Line 1: <u>Prevention Park</u>
Address Line 2: <u>657 Chamberlin Avenue</u>
City:<u>   Frankfort   </u>State: {<u> Ky   </u>}   Postal Code: {<u> 40601 </u>} – {6157}

Mailing Address:

Address Line 1:_____
Address Line 2:_____
City:_____State: {_____}   Postal Code: {_____} – {____}

Contact Information:

☐ First Report of Injury (FROI)   ☐ Subsequent Report of Injury (SROI)
☐ Proof of Coverage (POC)

Business Contact (148/A49):   **Technical Contact (148/A49):**
Name: <u>Sharon Anderson   </u>   Name: <u>Stephen Mason   </u>
Title: <u>Supervisor, EDI Section   </u>   Title: <u>EDI Administrator   </u>
Phone: <u>502-782-4416   </u>   Phone: <u>502-782-4540   </u>
FAX: <u>502-696-5096   </u>   FAX: <u>502-564-8250   </u>
E-mail: <u>SharonE.Anderson@ky.gov   </u>   E-mail: <u>Stephena.Mason@ky.gov   </u>

Business Contact (POC):   **Technical Contact (POC):**
Name: <u>Cam Lawson   </u>   Name: <u>Stephen Mason   </u>
Title: <u>Supervisor, Proof of Coverage </u>   Title: <u>EDI Administrator   </u>
Phone: <u>502-782-4486   </u>   Phone: <u>502-782-4540   </u>
FAX: <u>502-564-5732   </u>   FAX: <u>502-564-8250   </u>
E-mail: <u>HowardC.Lawson@ky.gov   </u>   E-mail: <u>Stephena.Mason@ky.gov   </u>

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Trading Partner Type (check all that apply)**:**

      __ Jurisdiction   __ Third Party Administrator
      __ Service Bureau / DCO   __ Self-Insurer
      __ Employer   __ EDI Service Provider
      __ Insurer   __ other (specify):_____

Master Trading Partner Information:

Legal Name (no abbreviations):_____

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Master ID FEIN:_____   **Postal Code** (9 digits): {_____} – {____}

Physical Address:

     Address Line 1:_____
     Address Line 2:_____
     City:_____State: {_____}   Postal Code: {_____} – {____}

Mailing Address:

     Address Line 1:_____
     Address Line 2:_____
     City:_____State: {_____}   Postal Code: {_____} – {____}

Contact Information:

     ☐ First Report of Injury (FROI)   ☐ Subsequent Report of Injury (SROI)
     ☐ Proof of Coverage (POC)

Business Contact (148/A49):	**Technical Contact (148/A49):**
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone:_____
FAX: _____	FAX: _____
E-mail: _____	E-mail:_____

Business Contact (POC):	**Technical Contact (POC):**
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____
E-mail: _____	E-mail: _____