



**TRADING PARTNER PROFILE**

Trading Partner Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Copy to email address (optional): \_\_\_\_\_

Technical Contact Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Copy to email address (optional): \_\_\_\_\_

Please place an 'X' next to the transactions you want to submit or receive:

837D \_\_\_\_\_ 999 \_\_\_\_\_ 835 \_\_\_\_\_

Trading Partner Type, (e.g. Dentist office, billing service, clearinghouse, other): \_\_\_\_\_

Will you be using a Clearinghouse? Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Trading Partner Authorized Signature \_\_\_\_\_

Printed Name of Signer \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

For assistance or questions regarding this form please contact our EDI Team at [EDITeam@greatdentalplans.com](mailto:EDITeam@greatdentalplans.com) and a representative will contact you. You may return this form via email at [EDITeam@greatdentalplans.com](mailto:EDITeam@greatdentalplans.com).