

Termination of Trading Partner ID

Provider Number:	Trading Partner ID:	
Provider Name:		
Provider Address:		
City:	State:	Zip Code:
I am requesting that Conduen Trading Partner ID. By cance		•
ability to access any electr 2. Will no longer be able to s	ronic transaction responses;	ns (such as claims, client
Note: If you want to resume O is terminated, you must re-entergrading Partner ID, based on Trading Partner Agreement For	roll for a new Trading Partne existing enrollment requirem	_
Prov	vider Representative Name (Plea	ase Print)
Provider Representative Signature)	Date
Please return this completed f	form to:	
Fm:	ail to: HIPAA DeskNM@hsd	nm dov