

DICKINSON GROUP, LLC.

TRADING PARTNER MANAGEMENT AND BUSINESS ASSOCIATE AGREEMENT

Trading Partner Enrollment Form

<p>Check the appropriate: <input type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Service Business</p> <p>Name:</p> <p>Address:</p> <p>City,State,Zip:</p> <p>Tax ID Number:</p>
<p>EDI Software Vendor*: _____</p> <p>Phone Number: () _____</p> <p>Email: _____</p> <p>Indicate transmission protocol:</p> <p>Secure Web Site (www.dickinsongrp.com) <input type="checkbox"/> Secure FTP <input type="checkbox"/></p> <p>*Required for initial transaction and secure transmission protocol testing.</p>
<p>Indicate the claim format(s) that you will submit :</p> <p>837 Professional <input type="checkbox"/> 837 Institutional <input type="checkbox"/></p> <p>270/271Eligibility <input type="checkbox"/> 276/277Claim Status <input type="checkbox"/> 835 Remittance <input type="checkbox"/> 278 Pre/Cert <input type="checkbox"/></p>

Please allow for a minimum 30 day testing period prior to the acceptance of electronic claim submissions.

If you have any questions please contact Mike Gange at Dickinson Group (516) 833-9300 ext. 24