

Submission of Electronic UAI Transactions Agreement for External Trading Partners

This is to certify that _____ of
(Submitter of Electronic Transactions)

_____, _____, _____ on the
(Street Address) (City) (State) (Zip Code)

_____ day of _____, 20 _____, agrees to the following
conditions for the submission of electronic transactions to the Department of Medical Assistance Services.

1. The Trading Partner agrees to abide by the policies and procedures of the Department of Medical Assistance Services.
2. The Trading Partner is not to be construed as an agent of the Department of Medical Assistance Services.
3. The agreement may be terminated on thirty day's written notice by either party.
4. The agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.

Conduent State Healthcare, LLC	Trading Partner
Signature of EDI Coordinator/Authorized Agent	Signature of Owner or Official
Title of Authorized Agent	Title of Owner, Official or Authorized Agent
Date	Date
	Technical Contact Email Address(es)
Trading Partner Id Assigned (to be filled out by Conduent only):	

Virginia Submission of Electronic UAI Transactions Agreement for Trading Partners Form

Fax: 1-888-335-8460

Email: Virginia.EDISupport@conduent.com

Mailing Address:

Conduent State Healthcare, LLC

EDI Coordinator

Virginia Medicaid Fiscal Agent Services

P.O. Box 26228

Richmond, VA 23260-6228

866-352-0766