

## **Trading Partner Testing Registration**

To facilitate the most effective and efficient testing with our providers, CDPHP® asks that you provide the information below **prior to submitting claims for testing**. Having current and accurate information on your entity will enable us to communicate with the correct contacts and facilitate successful testing with you.

Entity	
Name:	
Test Claim Format (circle one): Paper	Trading Partner
Sender ID# (Trading Partner ID#):	SFT Folder #:
Test File Notification	
Contact 1	Contact 2
Name:	Name:
Email:	Email:
Telephone:	Telephone:
Production File Notification	
Contact 1	Contact 2
Name:	Name:
Email:	Email:
Telephone:	Telephone:
Desired Time Frame To Begin Testing	
Month:	