



# New Hampshire Medicaid Program

## Trading Partner Agreement Signature Page

### Trading Partner Instructions:

Print, Sign, and send with your required documents.

All Trading Partners must print and sign the Agreement Signature page. Only original signatures will be accepted. Copied or stamped signatures are not acceptable.

The name(s) and signature(s) below must be the same as the name(s) placed on the NH Title XIX Medicaid Program Trading Partner Agreement.

\* Required Field

For the purpose of establishing eligibility to transmit and receive electronic transactions associated with services rendered to members of the New Hampshire (NH) Title XIX Program, I certify that the information furnished in this application is true, accurate, and complete to the best of my knowledge. I understand that it is my responsibility to notify NH Medicaid's fiscal agent of any changes to the information on this application.

**Additional Copies of this page may be made if necessary.**

Type or Print Name of Trading Partner: *	Application Tracking Number:
<input type="text"/>	<input type="text"/>

### Authorized Trading Partner Representative Information

Print Name	Signature	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Department Representative Information

Print Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trading Partner Number *(to be assigned by NH Medicaid)*

**In order to fully process your NH Title XIX Web Application, mail this document to:**

NH Medicaid Provider Relations  
P.O. Box 2059  
Concord, NH 03302-2059