



**Alabama Medicaid Agency**  
**501 Dexter Avenue**  
**P.O. Box 5624**  
**Montgomery, Alabama 36103-5624**  
**www.medicaid.alabama.gov**



**Provider Trading Partner ID Request Form**

Please complete the appropriate section and return to the EMC Help Desk via mail, email or by fax.

EMC Help Desk  
 301 Technacenter Drive  
 Montgomery, AL 36117  
 Email: [alabamasysemc@dxc.com](mailto:alabamasysemc@dxc.com)  
 Fax: (334) 215 – 4272  
 Phone: (800) 456 – 1242

**PROVIDER**

*If you are a Provider who will be submitting electronic transactions directly to Alabama Medicaid please fill out this section. If a vendor or clearinghouse submits electronic transactions on your behalf to Alabama Medicaid you do not need to fill out this form. Please check with your Vendor or Clearinghouse to determine if the Vendor or Clearinghouse needs to submit this form.*

<b>Provider Name</b>	
<b>NPI/Medicaid ID</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Telephone Number</b>	
<b>Email*</b>	
<b>Contact Name</b>	

**Comments:**

\*Email address is required and will be used for future Alabama Medicaid communications