



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

CHIEF INFORMATION OFFICE BUREAU



## TRADING PARTNER AGENT AUTHORIZATION AGREEMENT

These terms shall supplement and incorporate the terms contained in the ELECTRONIC TRADING PARTNER AGREEMENT (hereinafter referred to as the "Agreement." The terms and definitions as used in the Agreement shall have the same application when used herein.

This Trading Partner Agent Authorization Agreement (hereinafter referred to as the (Agent Agreement") is made by and between,

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
Chief Information Office Bureau  
695 S. Vermont Avenue, 6<sup>th</sup> Floor  
Los Angeles, CA 90005

**AND** \_\_\_\_\_  
The Trading Partner

By \_\_\_\_\_  
Authorized Signature

Name \_\_\_\_\_  
Type or Print

Title \_\_\_\_\_  
Type or Print

Address \_\_\_\_\_  
Number and Street, Suite or Room Number

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_  
Area Code and Number

WHEREAS, DMH has authorized the Trading Partner and/or its Agent to submit and receive Data Transmissions in standardized electronic formats pursuant to the terms and conditions of the above-referenced Agreement; and

WHEREAS, the Trading Partner has specifically designated and authorized its Agent as identified specifically herein, to perform the above-referenced services on behalf of the Trading Partner and the Trading Partner acknowledges its willingness to be bound by the acts or omissions of said Agent;

NOW THEREFORE, by signing above and providing DMH with the requested information concerning the Trading Partner's designated Agent, the Trading Partner expressly acknowledges and agrees that it will be fully bound by the acts and omissions of its Agent and both Parties further acknowledge and agree that the terms of the above-referenced ELECTRONIC TRADING PARTNER AGREEMENT are applicable to any and all Data Transmissions and other transactions between DMH and the Trading Partner's Agent on behalf of the Trading Partner.

Billor \_\_\_\_\_  
The Trading Partner Agent

By \_\_\_\_\_  
Authorized Signature

Name \_\_\_\_\_  
Type or Print

Title \_\_\_\_\_  
Type or Print

Address \_\_\_\_\_  
Number and Street, Suite or Room Number

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_  
Area Code and Number

**IF A CLEARINGHOUSE OR A SOFTWARE VENDOR IS UTILIZED IN FILING ELECTRONIC CLAIMS, PLEASE COMPLETE THIS FORM.**

**CLEARINGHOUSE INFORMATION**

Clearinghouse \_\_\_\_\_  
The Trading Partner Agent

By \_\_\_\_\_  
Authorized Signature

Name \_\_\_\_\_  
Type or Print

Title \_\_\_\_\_  
Type or Print

Address \_\_\_\_\_  
Number and Street, Suite or Room Number

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_  
Area Code and Number

**SOFTWARE VENDOR INFORMATION**

Vendor \_\_\_\_\_  
The Trading Partner Agent

By \_\_\_\_\_  
Authorized Signature

Name \_\_\_\_\_  
Type or Print

Title \_\_\_\_\_  
Type or Print

Address \_\_\_\_\_  
Number and Street, Suite or Room Number

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_  
Area Code and Number

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