



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, 6th 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

IF A CONSULTANT IS UTILIZED IN FILING ELECTRONIC CLAIMS, PLEASE COMPLETE THIS FORM.

CONSULTANT INFORMATION

Consultant _____
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

Return Pages 1 to 3 to the CIOB Help Desk