## **ELECTRONIC TRADING PARTNER PROFILE**

Revised 4/26/2023

Trading Partner Type (check all that apply)	:			
x Jurisdiction	Third Party Administrator			
Service Bureau / DCO	Self-Insurer			
Employer	EDI Service Provider			
Insurer	other (specify):			
Master Trading Partner Information:				
Legal Name (no abbreviations): Kentucky [	Department of Workers' Claims			
position Postal Code (Zip+4), will be used	cation Number of your business entity. This, along with the 9- to identify a unique trading partner. The Sender ID FEIN and nat will be used by the partner as the SENDER ID in the Header rtner:			
Master ID FEIN: 61-0600439	<b>Postal Code</b> (9 digits): {40601} – {6157}			
Division Address				
Physical Address:				
Address Line 1: 500 Mero St				
Address Line 2: 3rd Floor				
City: Frankfort Sta	ate: { <u>Ky</u> } Postal Code: { <u>40601</u> } - {6157}			
Mailing Address:				
Address Line 1:				
Address Line 2:				
City:Sta	ate: {} Postal Code: {}} – {}			
Contact Information:				
☐ First Report of Injury (FROI)	☐ Subsequent Report of Injury (SROI)			
Proof of Coverage (POC)	Subsequent Report of Injury (SROI)			
Business Contact (148/A49):	Technical Contact (148/A49):			
Name: <u>Stephen Mason</u>	Name: <u>Stephen Mason</u>			
Title: Info Sys Branch Manager	Title: Info Sys Branch Manager			
Phone: <u>502-782-4540</u>	Phone: 502-782-4540			
FAX: 502-564-8250 E-mail: StephenA.Mason@ky.gov	FAX: 502-564-8250			
E-mail. <u>StephenA.Mason@ky.gov</u>	E-mail: Stephena.Mason@ky.gov			
Business Contact (POC):	Technical Contact (POC):			
Name: Cam Lawson	Name: Stephen Mason			
Title: Executive Staff Advisor	Title: Info Sys Branch Manager			
Phone: 502-782-4486	Phone: 502-782-4540			
F-mail: HowardC Lawson@ky.gov	F-mail: Stephena Mason@ky.gov			
C-Mail DOWARDG LAWSON(WKV 00V	E-mail, piednena.WaSon@kv.dov			

## **ELECTRONIC TRADING PARTNER PROFILE**

Tradi	ng Partner Type (check all that	apply):				
	Jurisdiction		Third Dart	v Administrator		
	Service Bureau / DCO	_	Third Party Administrator Self-Insurer			
	Employer	_	_ COII IIISUII EDI Servi	ce Provider		
	Insurer		EDI Service Provider other (specify):			
	<u> </u>	_	_ 00. (0p0	,,,.		
Maste	er Trading Partner Information:	:				
Legal	Name (no abbreviations):					
positio Posta	er ID: The Federal Employer's I on Postal Code (Zip+4), will be I Code should be the same as the ord of all EDI transmissions from the	used to iden ose that will b	tify a uniqu	e trading partner. The	Sender ID FEIN and	
Maste	Master ID FEIN:		Postal Code (9 digits): {}} – {}}			
Physi	ical Address:					
	Address Line 1:					
	Address Line 2: City:					
	City:	State: {	}}	Postal Code: {	} – {}}	
Mailir	ng Address:					
	Address Line 1:					
	Address Line 2:					
	City:	State: {	}}	Postal Code: {	} – {}}	
Conta	act Information:					
Conta	act information.					
	☐ First Report of Injury (FRO☐ Proof of Coverage (POC)	l)	] Subseque	ent Report of Injury (SR	OI)	
Busir	ness Contact (148/A49):		Tech	nnical Contact (148/A4	<b>!9)</b> :	
	Name:			e:		
	Title:		Title:	·		
	Phone:		Phor	ne:		
	FAX:		FAX:			
	E-mail:		E-ma	ail:		
Busir	ness Contact (POC):		Tech	nnical Contact (POC):		
	Name:		Nam	e:		
	Title:		Title:			
	Phone:		<u>P</u> nor	ne:		
	FAX:		FAX:	:		
	□			s. (1).		