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: alabamasystemsemc@gainwelltechnologies.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.

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

Comments:

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