

**Payment Manager Admin Change**

Place in Subject line of email **(Provider name)- Payment Manager Admin Update Request**

Once form is completed, please email to [PayerEnrollmentServices@changehealthcare.com](mailto:PayerEnrollmentServices@changehealthcare.com)

Please provide the following information, in order, for us to update the Primary/Admin contact on your Payment Manager/CDA portal account.

Company tax id: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Current PM Admin Name: \_\_\_\_\_

Reason for change: \_\_\_\_\_

New Primary/Admin Contact First and Last name: \_\_\_\_\_

New Primary/Admin Contact Email Address: \_\_\_\_\_

New Primary/Admin Contact Phone #: \_\_\_\_\_

Once we have received your response, we will undergo the process of updating the Primary contact on your profile. Please allow approximately 5 business days to receive a follow up regarding your request. You will receive a confirmation email once the task has been completed.

Thank you for the opportunity to provide service. If you require further assistance with this inquiry, please contact us at 1-800-956-5190, or email [PayerEnrollmentServices@changehealthcare.com](mailto:PayerEnrollmentServices@changehealthcare.com)  
Mon - Friday, 8 - 5 pm, CT.

Thank You,  
**Payer Enrollment Service Enrollments**

1-800-956-5190  
[PayerEnrollmentServices@changehealthcare.com](mailto:PayerEnrollmentServices@changehealthcare.com)

Remote - Nashville, TN 37214

