



MID/TID/TPG CREATION FORM

Email: [RTenrollment@changehealthcare.com](mailto:RTenrollment@changehealthcare.com)  
Fax: (615) 885-3713

<b>1</b>	<b>PROVIDER INFORMATION</b>	Customer #:		Date:	
Provider/Facility Name:				Telephone:	
Street Address:				Contact:	
City/St/Zip:				Tax ID:	
Merchant ID (MID):				Terminal ID (TID):	
TPG ID:				TPG VER:	
<b>2</b>	<b>BILLING/VENDOR INFORMATION</b>				
Primary Customer #:				Primary Customer/Vendor Name:	
<b>3</b>	<b>PRODUCT TYPE</b>				
CHOOSE ONE PRODUCT TYPE					
<b>4</b>	<b>PAYER INFORMATION</b>				
ALLPAY (ALLPAY = ALLPAYERS EXCEPT THAT REQUIRE ADDITIONAL PAYER ENROLLMENT)					
NPI INFORMATION (List all applicable NPI ID's)					
<b>5</b>	<b>CONFIRMATION</b>				
Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)					
Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)					
Submit Completed Forms to: Email: <a href="mailto:RTenrollment@changehealthcare.com">RTenrollment@changehealthcare.com</a> FAX: 615-885-3713				CONFIG CODE: (INTERNAL USE ONLY)	