



MID/TID/TPG CREATION FORM

Email: enrollmentcentral@changehealthcare.com
Fax: (615) 885-3713

1	PROVIDER INFORMATION	Customer #:		Date:	
Provider/Facility Name:				Telephone:	
Street Address:		Contact:			
City/St/Zip:		Tax ID:			

2	BILLING/VENDOR INFORMATION				
Primary Customer #:		Primary Customer/Vendor Name:			

3	PAYER INFORMATION				
ALLPAY	<input type="checkbox"/>	(ALLPAY = ALLPAYERS EXCEPT THAT REQUIRE ADDITIONAL PAYER ENROLLMENT)			

Are you Enrolling for A new site: YES: NO:

Please note: If you are enrolling a new site for a provider that has already enrolled in our system, please check the "Yes" box saying it is a new site. Otherwise, the enrollment will be rejected as a duplicate

NPI INFORMATION (List all applicable NPI ID's)				

5	CONFIRMATION				
Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)					
Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)					
Submit Completed Forms to:			CONFIG CODE:		
Email: enrollmentcentral@changehealthcare.com FAX: 615-885-3713			(INTERNAL USE ONLY)		

