



HEALTHCARE Claims Provider Setup Form

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1 Provider Organization

Practice/Facility Name				Billing NPI	
Provider Name					
Provider Specialty Code		Tax ID		Site ID	
Practice/Facility Provider Address	Street				
	City		State		Zip Code
Contact Name				Contact Phone Number	

2 Vendor (Change Healthcare Certified Vendor used to submit files to Emdeon)

Vendor Name			
Vendor Submitter ID			
Contact Name		Contact Phone Number	

3 Report Method

TSO ID		Communication Protocol/Output	
Report Type		Report Format	

4 Payer

M = Medical H = Hospital

Please list additional payers below

Check the [change Healthcare Payer List](http://www.changehealthcare.com/PayerLists/payerlists.php) to see if additional enrollment is required at: <http://www.changehealthcare.com/PayerLists/payerlists.php>

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

5 Confirmations (Enter E-mail address)

Confirmations (Enter E-mail address)

Section 1 Provider Organization section must be fully completed with Facility/Provider information, failure to complete all fields may result in form rejections. Do not list Vendor or Billing Service information. Billing NPI is required to complete enrollment.