



# Change Healthcare ePayment

## EFT Payer Add/Change/ Delete Authorization Form

### Instructions

Go to <http://www.changehealthcare.com/legacy/resources/enrolled-payers> to view the list of Change Healthcare EFT participating payers and any requirements necessary to complete the below form.

1. Please complete the form to add additional payers, change the setup of current payers or delete payers
2. Fax this form to 615.238.9615 or email to [EFTErollment@changehealthcare.com](mailto:EFTErollment@changehealthcare.com).

Provider Information				
Provider Name		Email Address		
Street				
City		State/Providence		Zip/Postal Code
Telephone Number		Fax Number		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)				

Provider Contact Information			
Provider Contact Name		Email Address	
Telephone Number		Fax Number	

### Change/Add/Delete Instructions

Payer ID	Payer Name	Change/Add/Delete	Provider ID/National Provider Identifier (NPI)	Bank Account # or Name Of Account (Alias)
(e.g.) 61124	ABC Health Plan	Add	N/A	Dr. John Doe's Account

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_