



**ERA Merge Group
Provider Setup Form**

Email: Batchenrollment@changehealthcare.com

Fax: (615)885-3713

1	Provider Organization				
Provider Name					
Tax ID			Billing NPI ID		
Provider Address					
	City			State	
		Zip Code			
Contact Name			Telephone		
Provider Email					
2	Vendor (Change Healthcare contracted & certified customer used to retrieve ERA files)				
Vendor Name			Submitter ID		
Contact Name			Telephone		
3	Receiver				
Receiver ID					
How do you want your Era file split?					
Distribution Method (Must list one method in the distribution field below)			Default Distribution		
4	Payers (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.) Following Payers Must have Legacy ID's listed to complete Payer Enrollment: SB580-SB690- SKAR0-SKMD0				
Payer ID	Group ID	Individual ID	NPI	Distribution (list if using option other then default)	
5	Send Confirmations To:				
	Send Confirmations To:				