CHANGE HEALTHCARE

Real Time

NPI/Payer ADD Form – EXISTING CLIENTS

Email: RTenrollment@changehealthcare.com
Fax: (615) 885.3713

1 Provider Organization

PRACTICE/FACILITY NAME			
TAX ID			
TPG ID:		TPG VER:	
MID:		TID:	TPG:

2 Vendor

VENDORNAME:		CUSTOMER NUMBER:	
CONTACT NAME:		CONTACT PHONE:	

3 ALLPAY [ ] (ALLPAY= ALLPAYERS EXCEPT PAYERS THAT REQUIRE ADDITIONAL ENROLLMENT)

4 Payer

Payer	NPI	Payer	NPI

5	Confirmation (Enter E-mail address)	
	Confirmation (Enter E-mail address)	