



Real Time
NPI/Payer ADD Form – EXISTING CLIENTS

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)