

This letter MUST be on the letterhead for Practice/Provider requesting this change!

CHANGE OF VENDOR LETTER

_____ **Date**

Optum (ENS)
Attn: Enrollment Department – ERA Setup
enrollments@optum.com
Fax: 877-630-2064

Company Name: _____

Street Address: _____

City/State: _____

Zip Code: _____

Tin/NPI: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

- Americhoice of MD (04567)
- Americhoice of NE (UFNEP)
- Americhoice of NJ (86047)
- Americhoice NYU (NYU01)
- Americhoice of TX (TEX01)
- Americhoice of WI (WID01)
- AARP (36273)
- Care Improvement Plus (77082/87726)
- GEHA (44054)
- MAMSI Life & Health (52148)
- Medica (94265)
- Oxford Health Plan (06111)
- Pacificare of CA (95959)
- Spectera (00773)
- Three Rivers Admin ERA (25175/04567)
- UHC Great Lakes (95467)
- UMR Wasau/ UHIS (39026)

- United Healthcare (87726)
- United Healthcare Community Plan / KS (KanCare) (96385)
- United Healthcare of River Valley - John Deere (95378)
- UnitedHealthOne (81400)
- United Healthcare Community Plan / MO (KanCare) (86050)

Currently, I am receiving my Electronic Remittance Advice through

I would like to start receiving my Electronic Remittance Advice through Change Healthcare Corporation using **Electronic Network Systems, Inc.**

This change request will also include ALL PROVIDERS associated with this tax ID.

Written Signature of Person Submitting Form

Printed Name of Person Submitting Form

Email of Person Submitting Form

Have the provider send the change to: enrollments@optum.com or fax 877-630-2064

PLEASE NOTE: Once notification is received stating the change of vendor letter has been processed. You must re-enter your request in the Enrollnow portal.

****Must be submitting electronic claims before completing ERA Enrollment****