CHANGE HEALTHCARE

Real Time Site Replication

Email:
enrollmentcentral@changehealthcare.cor
Fax: (615) 885-3713

1 Provider Organization

Practice/Facility Name	
Customer ID	

2 TPG/Department

Please assign (list number of TPG's needed)	

3 List Departments requiring the new TPG's (list TPG that will be replicated)

DEPARTMENT	TPG (Change Heatlhcare Billing Department Use Only)	DEPARTMENT	TPG (Change Healthcare Billing Department Use Only)

5 Confirmations (Enter E-mail address)

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