CHANGE HEALTHCARE

ERA Provider Setup Form

Email: Batchenrollment@changehealthcare.com
Fax: (615) 885-3713

1 Provider Organization

Practice/Facility Name					
Tax ID		Billing NPI ID			
Practice/Facility Addres					
City		State		Zip Code	
Contact Name		Contact Phone			
Provider Email					

2 Vendor (Change Healthcare contracted & certified customer used to retrieve ERA files)

Vendor Name		Submitter ID	
Contact Name		Contact Phone Number	

3 ERA Receiver

Receiver ID			
Distribution Method (Must list one method)		Distribution	

4 Payer (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 ID	Payer ID	Group ID	Individual ID	NPI ID

5 Confirmations (Enter E-mail address)

Confirmations (Enter E-mail address)	

Section 1 Provider Organization section must be fully completed with Facility/Provider information, failure to complete all fields may result in form rejections. Do not list Vendor or Billing Service information. ERA payer enrollment requires that this information be that of the Facility/Provider as ultiple payers will contact the Facility/Provider contact to confirm enrollment. These payers will not accept the confirmation of enrollment from Vendors or Billing Services. Billing NPI is required to complete enrollment.