



MID/TID/TPG CREATION FORM

Email:

[enrollmentcentral@changehealthcare.com](mailto:enrollmentcentral@changehealthcare.com)

Fax: (615) 885-3713

<b>1 PROVIDER INFORMATION</b>		Customer #:		Date:	
Provider/Facility Name:				Telephone:	
Street Address:			Contact:		
City/St/Zip:			Tax ID:		

**2 BILLING/VENDOR INFORMATION**

Primary Customer #:		Primary Customer/Vendor Name:	
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**3 PAYER INFORMATION**

ALLPAY  (ALLPAY = ALLPAYERS EXCEPT THAT REQUIRE ADDITIONAL PAYER ENROLLMENT)

Are you Enrolling for A new site: YES:  NO:

Please note: If you are enrolling a new site for a provider that has already enrolled in our system, please check the "Yes" box saying it is a new site. Otherwise, the enrollment will be rejected as a duplicate

**NPI INFORMATION (List all applicable NPI ID's)**


**5 CONFIRMATION**

Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)			
Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)			
Submit Completed Forms to:	CONFIG CODE:		
Email: <a href="mailto:enrollmentcentral@changehealthcare.com">enrollmentcentral@changehealthcare.com</a>	(INTERNAL USE ONLY)		
FAX: 615-885-3713			

