CHANGE HEALTHCARE

Real Time

NPI/Payer ADD Form – EXISTING CLIENTS

Email: enrollmentcentral@changehealthcare.com
Fax: (615) 885.3713

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)	