



MVP HEALTH CARE
835/ERA
 EDI Enrollment Form
 Attention: EDI Coordinator
 Toll-free: **877-461-4911**
 Fax: **585-258-8071**
 Email: **EDIServices@mvphealthcare.com**

CHANGING CLEARINGHOUSES? If changing clearinghouses please attach a letter from the provider office advising they are changing from one clearinghouse to another.

Contact Information

Person to Contact: _____ Telephone: () _____
 Organization Name: _____
 Email: _____

Access ID / Trading Partner Login: _____

Clearinghouse/Billing Service: _____ Tax ID: _____

Practice/Facility Information

Individual / Group NPI: _____
REQUIRED

Name of Practice/Provider: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____ Practice Tax ID: _____

Type of Practice: Group Solo Facility

PAYEE ID - *REQUIRED* _____

Your Payee ID can be located on your paper remit.

Please do not enter your tax id or NPI as this is not your Payee ID.

*******Signature of office personnel is required for set up*******

Name: _____ Title: _____

Signature: _____ Date: _____