



MVP HEALTH CARE
 EDI Enrollment Form
EDI@mvphealthcare.com
 Phone: 877-461-4911
 Fax: 585-258-8071

Please allow 10 business days for processing.

Enrollment Contact Information – Person to be notified when form has been processed

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

Access ID (if known): _____

Choose **ONE** of the following:

- Clearinghouse/Trading Partner: Tax ID: _____
 NEW Direct Trading Partner: TESTING ONLY Tax ID: _____

Transmission Method:

- FTP with PGP SFTP Internet

Practice/Facility Information

Name of Practice: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____ Telephone: (____) ____-____-____
 Practice Tax ID: _____ Email: _____
 Type of Practice: Group Solo Facility

835 \ ELECTRONIC REMITTANCE ADVICE \ ERA

Definition of Payee ID: MVP Health Care generated number for the provider/ office/facility, located on the paper remittance and the paper check. **REQUIRED FOR ENROLLMENT**

***Payee ID:** _____

Name and NPI of the Provider (all servicing providers)

Name: _____ NPI _____
 Name: _____ NPI _____
 Name: _____ NPI _____
 Name: _____ NPI _____

***Use another page if more than 4 providers are submitted.**

HIPAA Transactions Sets – ANSI Format Only

- 837I(UB) 837P (1500) 835 (Remit) 270/271 (Eligibility) 276/277 (Claim Status)

Software Vendor (direct partners, if known): _____ Contact Name: _____

Contact Phone & Email: _____