CHANGE HEALTHCARE

ERA Merge Group
Provider Setup Form

Email: enrollmentcentral@changehealthcare.com

Fax: (615)885-3713

1 Provider Organization

Provider Name	
Tax ID		Billing NPI ID	

Provider Address						
	City		State		Zip Code	

Contact Name		Telephone	
Provider Email			

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

Vendor Name		Submitter ID	
Contact Name		Telephone	

3 Receiver

Receiver ID	

How do you want your Era file split?	

Distribution Method (Must list one method in the distribution field below)		Default Distribution

4 Payers (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	Distribution (list if using option other then default)

5 Send Confirmations To:

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