



MVP HEALTH CARE
 EDI Enrollment Form
 Attention: EDI Coordinator
 Toll-free: 877-461-4911
 Fax: 585-258-8071

NEW DIRECT 837 NEW DIRECT 835 CLEARINGHOUSE 835

<u>Contact Information</u>	
Person to Contact: _____	Telephone: () _____
Organization Name: _____	
Email: _____	

Access ID / Trading Partner Login: _____

Clearinghouse/Billing Service: _____ Tax ID: _____

*NEW Trading Partner / Direct: _____ Tax ID: _____

<u>Practice/Facility Information</u>	Individual / Group NPI: _____ <small>*REQUIRED</small>
Name of Practice: _____	
Street Address: _____	
City: _____	
State: _____	Zip Code: _____ Practice Tax ID: _____
Type of Practice: <input type="radio"/> Group <input type="radio"/> Solo <input type="radio"/> Facility	

ERA / 835

*Located on the paper remittance advice

Payee ID: _____
*REQUIRED IF KNOWN

(Do not use 14165 / Provider's EIN /or Provider's NPI)

Software Vendor (direct partners): _____ Contact Name: _____

Contact Phone & Email: _____