



Please complete and return via email to vphp_edi@vapremier.com
 If you are unable to email this form, please fax it to 877-289-9340

**EDI 837 Claims Enrollment Form
 (To Send Electronic Claims to VPHP)**

Date

1 Submitter Information (to be filled out by the clearinghouse)		
CLEARINGHOUSE		
Clearinghouse Contact Name		
Email		
<i>[Note: VPHP will send enrollment confirmation to the email address above.]</i>		
 Provider Group Information (W-9 Required)		
Group/Provider Name		
Group/Provider Tax ID		
Group/Provider NPI# (if applicable)		
 Group/Provider Remittance/Billing Address		
Address		
City	State	Zip

Provider Name (including TITLE) (eg MD, DO, DPM)	Provider Specialty (eg Family Practice)	Provider NPI # (10 Digits)	Provider Taxonomy Code	PAR (Participating) OR Non-Par

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012

