

EDI 837 Claims Enrollment Form

(To Send Electronic Claims to VPHP)

Date _____

1 Submitter Information (to be filled out by the clearinghouse)	
CLEARINGHOUSE	Availity
Clearinghouse Contact Name: Customer Service	
Clearinghouse Address P.O. Box 550857	
City Jacksonville	State FL Zip 32255
Phone 800-282-4548	Email support@availity.com
[Note: VPHP will send enrollment confirmation to the email address above.]	
2 Billing Agent/Service Information [refers to the clearinghouse]	
Billing Agent Tax ID 593715944	
3 Provider Group Information (W-9 Required)	
Group Name	
Group Tax ID	
Group NPI # (if applicable)	
4 Provider Remittance/Billing Address	
Address	
City	State Zip

Internal Use	
ID#	_____
W-9 on file	_____
Database	<input type="checkbox"/>
FAX	<input type="checkbox"/>
E-Mail	<input type="checkbox"/>
Date	_____

PROVIDER NAME (Including TITLE) (e.g. MD, DO, DPM)	PROVIDER SPECIALTY (e.g. 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

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Please complete and return via email to vpccfaxpdt@vapremier.com
 If you are unable to email this form, please fax it to **877-739-1367**
 A copy of your **W-9** is required when completing EDI enrollment
 Enrollment will take approximately 10 business days