

837 EDI Intake Form

To enroll Non-Contracted Providers for EDI

Submission Date: _____

Physical Address: _____

Organization: _____

Apt.No./Suite _____

Tax ID# _____

City/State/Zip _____

NPI: _____

Billing Address: _____

Contact(s): _____

Apt.No./Suite _____

Phone: _____

City/State/Zip _____

Please use additional spreadsheet(s) as necessary.

| Provider Name | Provider Specialty | Provider NPI # | Group Payee NPI # | Tax ID # |
|---------------|--------------------|----------------|-------------------|----------|
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Please fax to **1-254-298-6019**.

Please allow 48 -72 hours for your request to be processed.