



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

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

Access ID: _____

*Choose **ONE (1)** of the following:*

- Clearinghouse/Billing Service: _____
- NEW** Direct Trading Partner (TESTING REQUIRED)
- FTP with PGP SFTP Internet

<u>Practice/Facility Information</u>		
Name of Practice: _____		
Street Address: _____		
City: _____		
State: _____	Zip Code: _____	Telephone: () _____
Practice Tax ID: _____	Email: _____	
Type of Practice:	<input type="radio"/> Group	<input type="radio"/> Solo <input type="radio"/> Facility
Payee ID (ERA/835): _____	Login ID (ERA/835): _____	
Name and Title of Provider:		
_____	NPI _____	
_____	NPI _____	
_____	NPI _____	
_____	NPI _____	

HIPAA Transaction Types

- 837I Hosp 837P Office 835 Remit 270/271 Eligibility 276/277 Claim Status

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

Contact Phone & Email: _____