

EDI Enrollment Form

New Enrollment

Update Enrollment

Section A: Submitter Classification:

Clearinghouse

Billing Agent

Provider

Note: Only complete the form if you are the direct submitter. For example, if you are a provider using a clearinghouse or a billing agent to submit claims, do not complete this form. Have your clearinghouse or billing agent complete this form on your behalf.

Section B: Submitter Information

Submitter or Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Information:

Name: _____

Title: _____

Email: _____

Phone: _____

Technical Contact Information:

Name: _____

Title: _____

Email: _____

Phone: _____

If you are currently submitting electronic transactions directly to Exchange EDI please indicate your Trading Partner ID: _____

Section C: Select Payer

PruittHealth Premier- PH001

Missouri Medicare Select – MMS01

Signature Advantage – SA001

Section D: Submission Method

FTP

Web Portal Upload

Section E: Provider Information

Provider(s) being submitted (attach list if needed):

Provider Name: _____

Group NPI: _____

Tax ID: _____

Provider Name: _____

Group NPI: _____

Tax ID: _____

Provider Name: _____

Group NPI: _____

Tax ID: _____

Provider Name: _____

Group NPI: _____

Tax ID: _____

Section F: Software Vendor, Billing Agent, or Clearinghouse Information

If Provider is using a Software Vendor, Billing Agent, or Clearinghouse:

Select which one: Software Vendor Billing Agent Clearinghouse

Software Vendor/Billing Agent/Clearinghouse:

Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email Address: _____

If Using a Software Vendor:

Software Version: _____

Section G: Transaction Type

Transaction Type: (check all that apply)

X12N 837I

X12N 835

X12N 837P

X12N 270

Please Return Enrollment Form via (Email or Fax) to AllyAlign EDI Clearinghouse:

Fax: 877-386-1783

Email: allyalignenrollment@exchangeedi.com

Phone: 888-635-0009 Option 2