

HEALTHCARE CLAIM Enrollment Form

Instructions for completing the HEALTHCARE CLAIM Enrollment Form. * Signifies Required Field

Online Enrollment: If you would like to begin sending 837I and or 837P transactions to RMHP, go to <http://www.rmhp.org/providers/commonly-used-forms>, go to EDI and click on the Healthcare Claim Enrollment Form. Complete all required fields, save, and email to edicoordinator@rmhp.org. (Be sure your browser supports online pdf form edits, if not, you can print and fax the form using Paper Enrollment (below))

Paper Enrollment: If you would like to begin sending 837I and or 837P transactions to RMHP, and prefer to enroll through means other than online, go to <http://www.rmhp.org/providers/commonly-used-forms>, go to EDI and click on the Healthcare Claim Enrollment Form. Print and complete legibly using only black or blue ink. Once completed, please fax the form to 970-244-7880, Attention: IT/EDI.

To check the status of an enrollment or to dis-enroll, please email: edicoordinator@rmhp.org

PROVIDER INFORMATION

* **Provider Name** - Complete legal name of institution, corporate entity, practice or individual provider.

* **Provider Address**

Street - The number and street name where a person or organization can be found.

City - City associated with provider address field.

State/Province - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

Zip Code/Postal Code - System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

PROVIDER IDENTIFIERS INFORMATION

* **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

* **National Provider Identifier (NPI)** - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Other Identifiers

* **Assigning Authority** - Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid.

Trading Partner ID - The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.

Provider License Number

License Issuer - Required if License Number is collected.

PROVIDER CONTACT INFORMATION

* **Provider Contact Name** - Name of a contact in provider office for handling ERA issues.

* **Telephone Number** - Associated with contact person.

* **Email Address** - An electronic mail address at which the health plan might contact the provider.

* **Provider Tax identification Number (TIN)** - Numeric, 9 digits (Optional - required if NPI is not applicable)

* **National Provider Identifier (NPI)** - Numeric, 10 digits (Optional - required if TIN is not applicable)

* **Method of Retrieval** - The method in which the provider will receive the 999 from the health plan (e.g., download from health plan website, clearinghouse, etc.)

ELECTRONIC HEALTHCARE CLAIM CLEARINGHOUSE INFORMATION

* **Clearinghouse Name** - Official name of the provider's clearinghouse.

* **Clearinghouse Contact Information**

ELECTRONIC HEALTHCARE CLAIM VENDOR INFORMATION

* **Vendor Name** - Official name of the provider's vendor.

* **Vendor section to be filled out if you are a direct submitter, sending the files yourself, rather than using a clearinghouse.**

SUBMISSION INFORMATION

* **Reason for Submission; select from below. INDICATE HERE 837I or 837P**

New Enrollment

Change Enrollment

Cancel Enrollment

Healthcare Claim (837I or 837P) Enrollment Form

PROVIDER INFORMATION

Provider Name *

Provider Address

Street *

City *

State/Province *

Zip Code/Postal Code *

PROVIDER IDENTIFIERS INFORMATION

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) *

National Provider Identifier (NPI) *

Other Identifier(s)

Assigning Authority *

Trading Partner ID

Provider License Number

License Issuer *

PROVIDER CONTACT INFORMATION

Provider Contact Name

Contact *

Telephone Number *

Email Address *

ELECTRONIC ACKNOWLEDGEMENT FOR HEALTHCARE INSURANCE (999) INFORMATION

Method of Retrieval - The Method in which the provider will receive the 999 from the health plan (e.g., download from health plan website, clearinghouse, etc.) * (Required if the provider is not using an intermediary clearinghouse or vendor)

ELECTRONIC HEALTHCARE CLAIM CLEARINGHOUSE INFORMATION

Clearinghouse Name *

Clearinghouse Contact Information

ELECTRONIC HEALTHCARE VENDOR INFORMATION * for Direct Submission of files

Vendor Name *

SUBMISSION INFORMATION

Reason for Submission * (Select from below)

- | | | |
|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> 837I | <input type="checkbox"/> 837P |
| <input type="checkbox"/> Change Enrollment | | |
| <input type="checkbox"/> Cancel Enrollment | | |

Authorized Signature *

Submission Date:

Requested Effective Date (Date the provider wishes to begin HEALTHCARE CLAIMS SUBMISSION (837I, 837P))