



PRIORITY HEALTH CLAIM RECEIPT/ UP-FRONT EDIT NOTIFICATION FORM

Use this form to give Priority Health your fax number or e-mail address. We will send a receipt/up-front edit directly back to the provider who submits the claim. It will display the number of claims received along with any up-front rejections. Questions? Call the EDI Team at 616 464-8686.

Send this form to our EDI department fax, 616 942-9932, or to EDISETUP@priorityhealth.com.

BILLING PROVIDER GROUP INFORMATION		
PRACTICE/FACILITY BILLING/PAY-TO INFORMATION <u>AS IT WILL APPEAR</u> ON EACH CLAIM		
Name:	Tax ID:	
Address:	NPI:	
City:	State:	Zip:
Please verify method of receipt:		<input type="checkbox"/> Fax <input type="checkbox"/> E-mail
OFFICE CONTACT PERSON		
Name:	Phone:	
E-mail:	Fax:	
Should receipts be forwarded to more than one e-mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all e-mail addresses:		
1.		
2.		
3.		
4.		
5.		