

ELECTRONIC CLAIM REGISTRATION FORM

Priority Health accepts only HIPAA-compliant electronic claims. To request us to set up to receive your electronic claims, complete this form and fax or e-mail it to the Priority Health EDI team at 616 942-9932 or EDISSETUP@priorityhealth.com. Call 616 464-8686 or e-mail us with questions.

| SUBMITTER INFORMATION | |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| PRACTICE/FACILITY BILLING/PAY-TO INFORMATION <u>AS IT APPEARS</u> ON YOUR CLAIMS: | |
| Name: | Tax ID: |
| Address: | NPI: |
| City: | State: |
| Zip: | |
| Is there more than one Group/Organization that will be billed under the above NPI? <i>If yes, please complete this form for each.</i> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OFFICE CONTACT PERSON | |
| Name: | Phone: |
| E-mail: | Fax: |
| TECHNICAL INFORMATION | |
| Select how you would like to receive receipt reports: (multiple e-mail addresses are permissible) | <input type="checkbox"/> Fax <input type="checkbox"/> E-mail |
| E-mail addresses: | Fax number: |
| PRACTICE MANAGEMENT SOFTWARE VENDOR | |
| Name: | Contact: |
| Can your system send claim files direct to Priority Health? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, preferred method?</i> | <input type="checkbox"/> Dial-up BBS <input type="checkbox"/> Other <input type="checkbox"/> FTP/PGP encrypted |
| <i>If no, will a billing service send your claims?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, name:</i> | Contact: |
| Will claims be routed via a clearing house? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, name:</i> | Contact: |
| REGISTRATION SIGNATURE | |
| Provider or office manager signature: | Date: |