

# Electronic Claim Registration Form

Priority Health accepts only HIPAA-compliant electronic claims. Prior to sending your claims, complete and return this form to our EDI team at (fax) 616.942.9932 or (email) edisetaup@priorityhealth.com

## Submitter information

Practice/facility billing/pay-to information as it appears on your claims:

Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_ NPI \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note:** If more than one group/organization will be billed under the same NPI, complete a separate form for each.

## Office contact person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

## Technical information

How would you like to receive receipt reports? You may enter multiple email addresses.

Email \_\_\_\_\_ Fax \_\_\_\_\_

## Practice management software vendor

Name \_\_\_\_\_ Contact \_\_\_\_\_

Can your system send claim files directly to Priority Health through sFTP?  Yes  No  
(secure file transfer protocol, also known as FTP over secure shell– no PGP encryption required)

If no, will a billing service send your claims?  Yes  No

Billing service company \_\_\_\_\_

Billing service contact \_\_\_\_\_

Will claims be routed via a clearing house?  Yes  No

Clearing house name \_\_\_\_\_

Clearing house contact \_\_\_\_\_

\_\_\_\_\_  
Provider or office manager signature

\_\_\_\_\_  
Date