



Clearinghouse Services Change Form

This form is for current UHIN members to change or update their account information or services. **It is not to be used for new enrollments.** Email form to enrollment@uhin.org or fax to 877-693-4161.

UHIN
6056 Fashion Square Dr Ste 210
Murray, UT 84107
P: 877-693-3071
www.uhin.org

Date:

Update information Add transaction type Add affiliated trading partner # Add new payer Add new provider Remove provider

Current Trading Partner # (HT#####-###)	EDI Contact Information (Could be a Billing Service or Clearinghouse)
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Provider/Group Name (Name Associated with TPN)	<input type="checkbox"/> Same as person filling out this form Company name if billing service or clearinghouse connection:
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Provider Office Contact Information

Name:	Contact Name:
Title:	Title:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
E-mail:	E-mail:

Clearinghouse (Billing) EDI Enrollment
(If more space is needed, please use the EDI Only Enrollment Supplement Spreadsheet.)

Section 1- Transaction Selection (Check all transactions that you want)	Section 3-Provider Physical Address (No P.O. Box)
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*Complete all Sections (1 to 6)		Street:
<input type="checkbox"/> Dental Claims (837D)	<input type="checkbox"/> Eligibility (270) Real Time	Office/Suite #:
<input type="checkbox"/> Institutional Claims (837I)	<input type="checkbox"/> Eligibility (270) Batch	City:
<input type="checkbox"/> Professional Claims (837P)	<input type="checkbox"/> Claim Status (276)	State:
	<input type="checkbox"/> Remittance Advice (835)	ZIP:

***Complete Sections 3 and 6 only**

Patient Information (275)

Section 2- Individual Provider Information – Use [spreadsheet](#) if you need to list multiple providers

Provider Name:
Rendering NPI:
Tax ID #:
Taxonomy Code:
Phone Number:
Fax Number:

Section 4- Provider "Pay To" Address Section

Same as Provider Physical Address

Street:
Office/Suite #:
City:
State:
Zip:

Section 5 – Group Information

Group Name:
Group NPI:
Tax ID #s:
Taxonomy Code:
Contract # (atypical providers):



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6- Payer EDI Enrollment (Check all payers that you want to bill) *Government Payers Require a Separate EDI Enrollment	
<input type="checkbox"/> AARP	<input type="checkbox"/> Public Employees Health Plan (PEHP)
<input type="checkbox"/> Aetna	<input type="checkbox"/> Railroad Medicare List PTAN: _____
<input type="checkbox"/> Altius	<input type="checkbox"/> Regence BlueCross BlueShield (Includes FEP) of Utah
<input type="checkbox"/> Chiropractic Health Plans (CHP)	<input type="checkbox"/> SelectHealth
<input type="checkbox"/> Cigna	<input type="checkbox"/> State Farm
<input type="checkbox"/> Dental Select	<input type="checkbox"/> Tall Tree Administrators
<input type="checkbox"/> Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) <input type="checkbox"/> Provider Tax Identification Number (TIN) _____ <input type="checkbox"/> National Provider Identifier (NPI) _____	<input type="checkbox"/> Tricare
<input type="checkbox"/> EMI Health (formerly Educators Mutual/EMIA)	<input type="checkbox"/> Union Pacific
<input type="checkbox"/> Everest Administrators, Inc	<input type="checkbox"/> United HealthCare
<input type="checkbox"/> Humana	<input type="checkbox"/> U of U Health Plans
<input type="checkbox"/> Metlife	<input type="checkbox"/> Valley Mental Health
<input type="checkbox"/> Molina Healthcare Utah	Other:

[Medicaid Homepage](#)

[Medicaid EDI Enrollment](#)

[Medicare EDI Enrollment](#)