

Today's date / /
Fax to: 781-393-2694
 New EDI enrollment Change in EDI enrollment

Provider information

Provider/group name _____ Specialty _____
 Tax ID # _____ NPI # _____
 Provider address _____
 City _____ State _____ ZIP _____
 Remittance address _____
 City _____ State _____ ZIP _____
 Provider phone _____ - _____ - _____ Provider fax _____ - _____ - _____
 Contact name _____ Title _____
 E-mail _____

Transaction information

Which of the following transactions are you interested in submitting and/or receiving electronically?
Please indicate the submission and/or delivery method by checking all that apply.

	Direct submission	NEHEN	NEHENnet	Clearinghouse
270/271 — Eligibility		<input type="checkbox"/>	<input type="checkbox"/>	
835 — Payment/remittance advice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
837 — Claim submission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Which type of claims will you submit? Check all that apply. Professional Institutional

 How do you currently submit claims to Network Health? Check all that apply. Paper Direct Clearinghouse

If you are using a clearinghouse or billing agency, who is it? _____

 What billing software do you use to generate EDI files? ETS
EDI submission and testing contact information

Internal Name _____ Phone _____
 E-mail _____
Vendor Name Samantha Storti Phone 978-675-9144
 E-mail samantha@etime.net

Questions? E-mail us at EDI@network-health.org.