



# 837 EDI Intake Form

To enroll Non-Contracted Providers for EDI

Submission Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Apt.No./Suite \_\_\_\_\_

Tax ID# \_\_\_\_\_

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

NPI: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact(s): \_\_\_\_\_

Apt.No./Suite \_\_\_\_\_

Phone: \_\_\_\_\_

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

*Please use additional spreadsheet(s) as necessary.*

Provider Name	Provider Specialty	Provider NPI #	Group Payee NPI #	Tax ID #

Please fax to **1-254-298-6019**.

*Please allow 48 -72 hours for your request to be processed.*