



EDI 835 (ERA) Enrollment Form (To Receive Electronic Remits)

Date _____

1 Submitter Information (to be filled out by the clearinghouse)		
CLEARINGHOUSE		
Clearinghouse Contact Name		
Clearinghouse Address		
City	State	Zip
Phone	Email	
<i>[Note: VPHP will send enrollment confirmation to the email address above.]</i>		
2 Billing Agent/Service Information [refers to the clearinghouse]		
Billing Agent Name		
Billing Agent Tax ID		
3 Provider Group Information (W-9 Required)		
Group/Provider Name		
Group/Provider Tax ID		
Group/Provider NPI# (if applicable)		
4 Group/Provider Remittance/Billing Address		
Address		
City	State	Zip
5 Effective Date of EDI EOB		
6 Termination Date of EDI EOB (if requesting termination)		

- ❖ If your clearinghouse instructs you to send this form directly to Virginia Premier, either:
 - [Preferred]
Email the completed form (as an attachment) to:
vphp_edi@vapremier.com
 - Or -
 - Fax the completed form to: **877-289-9340**
- ❖ Otherwise, send the form to your clearinghouse as per their instructions.
- ❖ Confirmation of your EDI Enrollment at Virginia Premier will be emailed to your clearinghouse within 10 business days.
- ❖ Questions about the status of your request should be directed to your clearinghouse, rather than to Virginia Premier.

Internal Use	
ID#	_____
W-9 on file	_____
Database	<input type="checkbox"/>
FAX	<input type="checkbox"/>
E-Mail	<input type="checkbox"/>
Date	_____