



EDI 837 Claims Enrollment Form

Request to Submit Electronic Claims to Virginia Premier

See other side for further instructions.

Please put a check mark next to all applicable line(s) of business for this request:

| | |
|---|--|
| <input type="checkbox"/> Medallion (Medicaid) | <input type="checkbox"/> MAPD (Medicare) |
| <input type="checkbox"/> CCC Plus (Long-Term Services and Supports) | <input type="checkbox"/> DSNP (Dual Special Needs) |

Clearinghouse Information:

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| Name of Clearinghouse: |
| Name of Clearinghouse Contact: |
| Contact's Email Address: <i>(Note: Virginia Premier will send enrollment confirmation to this email address.)</i> |
| Contact's Phone Number: |

Group/Provider Billing Information (W-9 required):

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| Group/Provider Name: |
| Group/Provider Tax ID: |
| Group/Provider NPI: |
| Remittance and Billing Address <i>(Note: If the billing/remittance address is different than the 1099 address on the attached W-9, please enter it below):</i> |
| Address: |
| City: State: ZIP: |

Provider Information:

| Provider Name | Title (e.g., M.D.) | NPI | Specialty |
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If the clearinghouse instructs you to submit this form directly to Virginia Premier, you can send the completed form to us either:

- by emailing it as an attachment to vphp_pdmsupport@vapremier.com, or
- by faxing it to 1-877-719-7362.

Otherwise, submit the completed form to your clearinghouse per their instructions.

Confirmation of enrollment will be emailed to the clearinghouse **within 10 business days of receipt.**

If you have questions regarding the status of your request, please contact the clearinghouse directly.