



EDI 837 Claims Enrollment Form
 (To Send Electronic Claims to Virginia Premier)

Date

1 Submitter Information (to be filled out by the clearinghouse)		
CLEARINGHOUSE		
Clearinghouse Contact Name		
Email		
<i>[Note: Virginia Premier will send enrollment confirmation to the email address above.]</i>		
& Provider Group Information (W-9 Required)		
Group/Provider Name		
Group/Provider Tax ID		
Group/Provider NPI# (if applicable)		
' Group/Provider Remittance/Billing Address		
Address		
City	State	Zip

Provider Name (including TITLE) (e.g., MD, DO, DPM)	Provider Specialty (e.g., Family Practice)	Provider NPI # (10 Digits)	Provider Taxonomy Code	PAR (Participating) OR Non-Par

