

## ProHealth 835/EFT Provider Enrollment Maintenance Form

Accountable Care Consortium (ACC) that includes:  
Community Health Network, St. Vincent CMO, & Suburban Health Organization Networks

New	Change	Term
835	EFT	Both

This form should be used by ProHealth EDI receivers who have an EDI Receiver ID, and have previously been set-up to receive the 835 Remittance Advice. If you have not been assigned an EDI Receiver ID and/or are requesting the 835 Remittance transaction for the first time, please complete the EDI Registration Form.

To successfully receive the 835 your Tax ID/NPI can only be associated with one ProHealth submitter ID. Contact your Network management representative for any changes to your provider ID or NPI. \*\*Providers enrolling for the 835 transaction will no longer receive a paper remittance advice. Please call with any questions, thank you.

<b>TRADING PARTNER INFORMATION:</b>			
EDI Sender ID:		Trading Partner Name:	
Address (including suite):			
City:		State:	
Contact Name:		Phone:	

The following required information is needed to request the 835 Payment Advice/Remit Transaction: Provider Name, Tax Identification Number (\*Tax ID), National Provider Identifier (\*\*NPI)

Provider Name	*Tax ID	**NPI	<i>Type of Request</i>	
			Enroll	Terminate

The following required information is needed to process an EFT enrollment request:

<b>FINANCIAL INFORMATION:</b>					
Financial Institution Name:					
Financial Institutional Address (including suite):					
City:		State:		Zip:	
Phone:		Contact:			
ACH Routing Number #:				Account #:	

<b>CONTACT INFORMATION:</b>			
Contact Name:		Title:	
Email address:		Phone:	
Authorization for financial information given by (printed name):			
Signature:		Date:	

Return completed form to Michele Dowd:  
Fax: 317.355.6084      Phone: 317.621.7580      Email: mdowd@ecommunity.com