



EDI 835 (ERA) Enrollment Form

(To Receive Electronic Remits)

Date

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

- ❖ ***If your clearinghouse instructs you to send this form directly to Virginia Premier, either:***

Å ***[Preferred]***
Email the completed form (as an attachment)
to: vphp_edi@vapremier.com

- Or -

Å ***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.***