



NEW YORK HOTEL TRADE COUNCIL (7707C) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Change Healthcare Enrollment Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email to BatchEnrollment@changehealthcare.com; OR
- Fax to (615) 885-3713

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7 business days.

HOW DO I CHECK STATUS?

- Call Change Healthcare at 866-371-9066.

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
Report Method					
TSO ID	Report Type	Communication Protocol/Output	Report Format	Site ID	

Please enroll the following provider for electronic claims submission (837) with RelayHealth (581651222).

Provider Name:

Street:

City:

State/Province:

Zip Code/Postal Code:

NPI:

Provider Federal Identification Number (TIN) or Employer Identification Number (EIN):

Contact name:

Contact Phone number:

Contact Email address: