



# UHIN EDI ENROLLMENT FORM

Email this form to [Support@officeally.com](mailto:Support@officeally.com). The Email Subject should read: UHIN EDI Enrollment. Please make sure to print legibly and to complete this form in its entirety. Standard processing time is 10 business days. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

## PROVIDER INFORMATION

**Provider Name:**

**Provider Address:**

**City:**

**State:**

**Zip:**

## PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number  
Employer Identification Number (EIN):**

**National Provider Identifier (NPI):**

## PROVIDER CONTACT INFORMATION

**Contact Name:**

**Telephone Number/Extension:**

**Email Address:**

**Fax Number:**

## PROVIDER PHYSICAL ADDRESS (if different from above)

**Provider Address:**

**City:**

**State:**

**Zip:**

## PAYER NAMES (CHECK ALL THAT APPLY)

SX105 - Deseret Mutual Benefit Administrators *(Professional claims only)*

VHP01 - Valley Health Plan (Commercial) *(Professional and Institutional claims)*

VHP02 - Valley Health Plan (Medi-Cal) *(Professional and Institutional claims)*

## SUBMISSION INFORMATION

**Authorized Signature:**

Note: Electronic Signature (Typed Name) of Person Submitting EDI Enrollment.