



# EDI Enrollment Change Form

**Utah Health Information Network**  
 151 East 5600 South #320  
 Murray, Utah 84107  
 Phone: 877-693-3071  
 Fax: 801-466-7169  
 www.uhin.org  
**e-mail form to :  
 enrollment@uhin.org**

Date

New Transaction OR New trading partner #  Update Information OR New provider to existing trading partner #

Trading Partner # -  
(HT#####-###)

Provider/Group  
Name (Name  
Associated with  
TPN)

**Submitter Information**

Name:

Title:

Phone Number:

Fax Number:

E-mail:

**EDI Contact Information  
(Could be a Billing Service or Clearinghouse)**

Same as Submitter Information

Company Name (If  
Billing Service/  
Clearinghouse  
Connection):

Name:

Title:

Phone Number:

Fax Number:

E-mail:

**Administrative (Billing) EDI Enrollment**  
 ( If more space is needed, please use the EDI Only Enrollment Supplement Spreadsheet.)

**1- Transaction Selection Information Section  
(Check all Transactions that Apply)**

**\*Complete all Sections (1 to 6)**

Dental Claims (837D)

Institutional Claims (837I)

Professional Claims (837P)

Eligibility (270) Real Time

Eligibility (270) Batch

Claim Status (276)

Remittance Advice (835)

**\*Complete Section 3 and 6 only**

Patient Information (275)

**2- Individual Provider Information Section**

Name(s) Non-  
Group:

Rendering NPI:

Tax ID #'s:

Taxonomy Code:

Phone Number:

Fax Number:

**3- Provider Physical Address Section (No P.O. Box)**

Street:

City:

State:

Zip:

**4- Provider "Pay To" Address Section**

Same as Provider Physical Address

Street:

City:

State:

Zip:

**5- Group Information Section**

Group Name:

Group NPI:

Tax ID #'s:

Taxonomy Code:

Contract #  
(For A-Typical  
Providers):



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## 6- Payers EDI Enrollment (Check all that Apply)

**\*Government Payers Require a Separate EDI Enrollment**

|   |   |
|---|---|
| <input type="checkbox"/> <del>Altius</del>  | <input type="checkbox"/> <del>Regence Blue Cross Blue Shield (Includes FEP)</del> |
| <input type="checkbox"/> Chiropractor Health Plans (CHP)                                      | <input type="checkbox"/> <del>SelectHealth</del>                                  |
| <input type="checkbox"/> <del>Dental Select</del>   | <input type="checkbox"/> <del>State Farm</del>                                    |
| <input type="checkbox"/> <del>Deseret Mutual Benefits Association (DMBA)</del>                | <input type="checkbox"/> <del>Fall Tree Administrators</del>                      |
| <input type="checkbox"/> <del>Educators Mutual Insurance (EMI - formerly known as EMIA)</del> | <input type="checkbox"/> <del>U of U Health Plans</del>                           |
| <input type="checkbox"/> <del>Everest Administrators, Inc</del>                               | <input type="checkbox"/> <del>Valley Mental Health</del>                          |
| <input type="checkbox"/> <del>Public Employees Health Plan (PEHP)</del>                       |   |
| Other Payer(s): <input type="text"/>  |   |

[Medicaid Homepage](#)

[Medicare \(Noridian\) EDI Enrollment](#)

[Medicaid EDI Enrollment](#)

Total OnBoarding