

WHICH FORMS SHOULD I COMPLETE?

- Complete the **835 Enrollment Information Form** (Pg. 2)

WHERE SHOULD I SEND THE FORM(S)?

- Email form to the Payer at CHGEDI@chgsd.com

HOW DO I CHECK STATUS?

- You may email the Payer at CHGEDI@chgsd.com for updates on enrollment status.

PROVIDER INFORMATION

Provider Name:

Provider Address:

PROVIDER IDENTIFIER INFORMATION

Tax Identifier (TIN or EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

Provider Contact Name:

Telephone Number:

Fax Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for aggregation of remittance data:

Tax ID Number (TIN)/National Provider Identifier (NPI)

National Provider Identifier (NPI)

NOTE: Account number linkage to provider identifier *MUST* match preference for EFT payments**SUBMISSION INFORMATION**

Reason for Submission:

Authorized Signature:

NOTE: Electronic Signature (typed name) of person submitting ERA Enrollment