



VIRGINIA PREMIER ELITE (VPELT) EDI ENROLLMENT FORM

Email this form to enrollmentadmin@officeally.com. Please make sure to print legibly and to complete this form in its entirety. 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:

Authorized Signature:

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