

Payer Enrollment Form

Organization Information

Name of Organization: _____ Submitter ID: _____

Contact Person for Account: _____ Pay-to NPI for Organization: _____

First Name Last Name

Phone: _____ Tax ID Number: _____ Email: _____

If you will be using AHIN Clearinghouse for Medicare or Medicaid, please complete the appropriate section(s) below.

For Medicare, the organization name must be entered as submitted on the Medicare CMS-855 form. Indicate whether you will submit professional, institutional or both types of transactions. Medicare does require additional enrollment for electronic claim and remit transactions.

For Medicaid, enter the organization name as enrolled with the Medicaid program. Medicaid also requires additional enrollment for electronic remittance advices (835 ERA).

Please note: Some payers may take up to 90 days to process enrollment forms.

Select Medicare States To Enroll

AR
 LA
 MS
 TX
 OK
 NM
 CO

MEDICAID	MEDICARE
Medicaid Pay-to NPI _____	Medicare Pay-to NPI _____
Medicaid Legacy _____	Medicare PTAN _____
Organization Name _____	Organization Name _____
Street Address _____	Street Address _____
City, State, Zip Code _____	City, State, Zip Code _____
	Professional <input type="checkbox"/>
	Institutional <input type="checkbox"/>

Commercial Payer List

The payer list provided below are those most commonly enrolled. A complete list of commercial payers can be found on AHIN under the Clearinghouse menu. All payers on the *AHIN Valid Commercial Payer* list with a "Y" under the *Claim Enroll or *835 columns require additional enrollment. Payers with an asterisk (*) in the below list require the NPI and the payer assigned PTAN or legacy number.

	Payer ID	National Provider Identifier (NPI)	PTAN / Legacy Number
Aetna (835)	60054	_____	_____
Ambetter of Arkansas (835)*	68069	_____	_____
Arkansas Best Corp (835)	75278	_____	_____
Care Improvement Plus (835)	77082	_____	_____
ChampVA (835)	84146	_____	_____
Cigna/Equicor (835)	62308	_____	_____
CoreSource LR (835)	75136	_____	_____
GEHA (835)	44054	_____	_____
Great West Healthcare (835)	80705	_____	_____
Health Svc Mgmt (Chiropractic Only) (835/837)*	41150	_____	_____
HealthScope Benefits (835)	71063	_____	_____
HealthSpring (835)	63092	_____	_____
Humana Ins (835)	61101	_____	_____
Medica (835)	94265	_____	_____
Medicare DME CEDI SDMEC (835/837)*	SDMEC	_____	_____
Municipal Health Benefit Fund (835)	81883	_____	_____
QualChoice (835)	35174	_____	_____
RailRoad Medicare (835/837)*	00882	_____	_____
Tricare East (835)*	68299	_____	_____
United Healthcare (835)	87726	_____	_____
United Healthcare Community (835/837)	95378	_____	_____
United Healthcare UHIS (835)	39026	_____	_____
United Healthcare West (835)	95959	_____	_____
VA Fee Basis (835)	12115	_____	_____
Value Options (837)*	SX173	_____	_____
WPS Commercial (835/837)*	SX022	_____	_____
WPS Tricare for Life (835/837)	SX176	_____	_____
Wellcare (835)	14163	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provider Authorization: The person signing this form is an authorized agent for the organization and has legal authority to do so. I hereby authorize AHIN Clearinghouse and its agents to act on my behalf for all clearinghouse, claim resolution and coordinating functions.

Name of Individual Completing this Form	Title	Date
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For questions please contact us by email, phone, or fax. Completed enrollment forms can be submitted by clicking on **Submit** button.

Email: APSenrollment@ahin.net Toll Free: (855) 822-AHIN (2446) Local: (501) 378-2336 Fax: (501) 378-2484