

Clearinghouse Services Change Form



This form is for current UHIN members to change or update their account information or services. **It is not to be used for new enrollments.** Email form to enrollment@uhin.org or fax to 877-693-4161.

UHIN
1226 E 6600 S
Salt Lake City, UT 84121
P: 877-693-3071
www.uhin.org

UHIN will process this form within 10 business days from the date we receive it.
Time to update payers' systems varies by payer.

<input type="checkbox"/> Add transaction type	<input type="checkbox"/> Add affiliated trading partner #	<input type="checkbox"/> Add new payer	<input type="checkbox"/> Add new provider
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Current Trading Partner # (HT#####-###) Provider Office Contact Information Name: Phone Number: E-mail:	Specify who you want to receive EDI enrollment confirmations: E-mail: E-mail: E-mail:
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Clearinghouse (Billing) EDI Enrollment
(If more space is needed, please use the EDI Only Enrollment Supplement Spreadsheet.)

Section 1- Transaction Selection (Check all transactions that you want)	Section 4-Provider Physical Address (No P.O. Box)
*Complete all Sections (1 to 6)	Street:
<input type="checkbox"/> Dental Claims (837D)	Office/Suite #:
<input type="checkbox"/> Institutional Claims (837I)	City:
<input type="checkbox"/> Professional Claims (837P)	State:
<input type="checkbox"/> Eligibility (270) Real Time	ZIP:
<input type="checkbox"/> Eligibility (270) Batch	
<input type="checkbox"/> Claim Status (276)	
<input type="checkbox"/> Remittance Advice (835)	

Section 2 – Billing Provider Information	Section 5- Provider "Pay To" Address
Billing Provider Name:	<input type="checkbox"/> Same as Provider Physical Address
Billing Provider NPI:	Street:
Billing Provider Tax ID:	Office/Suite #:
Section 3-Rendering Provider Information – Use spreadsheet if you need to list multiple providers	City:
Rendering Provider Name:	State:
Rendering Provider NPI:	ZIP:

6- Payer EDI Enrollment
(Check all payers that you want to bill)

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

Chiropractic Health Plans (CHP) No enrollment required	<input type="checkbox"/> AARP
Dental Select No enrollment required	<input type="checkbox"/> Aetna
<input type="checkbox"/> Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) <input type="checkbox"/> Provider Tax Identification Number (TIN) _____ <input type="checkbox"/> National Provider Identifier (NPI) _____	<input type="checkbox"/> Altius
Direct Care Administrators No enrollment required	<input type="checkbox"/> Cigna
<input type="checkbox"/> EMI Health (formerly Educators Mutual/EMIA)	<input type="checkbox"/> Humana
<input type="checkbox"/> Equitable Life & Casualty Insurance Company* * Equitable enrollment includes all companies in this box. You can receive 835s only. No billing. Equitable National Life Greek Catholic Union of the USA Heartland National Life Insurance Company Individual Assurance Company, Life, Health & Accident Loyal Christian Benefit Association	<input type="checkbox"/> Railroad Medicare List PTAN _____
HSA Health Plan No enrollment required	<input type="checkbox"/> Tricare West
<input type="checkbox"/> Molina Healthcare Utah	<input type="checkbox"/> United HealthCare
<input type="checkbox"/> Public Employees Health Plan (PEHP)	Other Payers:
<input type="checkbox"/> Regence BlueCross BlueShield Of Utah (Includes FEP)	Name: 5-Digit Payer ID:
<input type="checkbox"/> SelectHealth	Name: 5-Digit Payer ID:
<input type="checkbox"/> State Farm	Name: 5-Digit Payer ID:
Tall Tree Administrators No enrollment required	Name: 5-Digit Payer ID:
Union Pacific No enrollment required	Name: 5-Digit Payer ID:
<input type="checkbox"/> University of Utah Health Plans	Name: 5-Digit Payer ID:
<input type="checkbox"/> Valley Behavioral Health	Name: 5-Digit Payer ID:

Helpful Links:

[UHIN Payer List](#)

[Medicaid EDI Enrollment](#)

[Noridian Medicare EDI Enrollment](#)