

**Submit the completed Payer Request Form to:**

ABILITY Network, ATTN: Enrollment  
FAX: 888.837.2232 | EMAIL: [setup@abilitynetwork.com](mailto:setup@abilitynetwork.com)

**INSTRUCTIONS**

- Refer to these instructions as you complete the registration process.
- **Please type provider information for ease of processing.**
- If you are a billing service completing this form on behalf of a provider, complete the top section of this form.
- If you use a billing service to prepare your claims, complete the top section of this form.
- If you do not use a billing service to prepare your claims, do not complete this section.
- **ABILITY Network is not a billing service.**
- Indicate whether you are a Professional or Institutional provider.
- Indicate whether this is a new enrollment you are changing enrollment information with ABILITY Network.
- Complete this form using group provider information as listed on file with the payer you wish to set up.
- Include the billing Tax ID and indicate whether it is a TIN/EIN or SSN. Indicate the billing NPI. If you are unsure what information payers have on file for you, contact the payers – ABILITY Network cannot obtain this information for you.
- **IMPORTANT: You must specify the payer(s) with which you wish to enroll in ERA. If no payers are specified, enrollment forms WILL BE RETURNED.**
- Indicate all FL BCBS Provider IDs you wish to enroll for ERA. If no provider IDs are specified, all providers linked to the TIN will be enrolled.
- If you wish to receive ERA from any additional payers, add them in the space provided. Make copies of this form if necessary. Some payers require enrollment agreements to set up ERA.
- Please refer to the payer list at [www.abilitynetwork.com](http://www.abilitynetwork.com) for additional enrollment requirements.
- Include a valid Email address and current contact information so that we may send you this information if necessary.

**Questions or need assistance?**

Contact ABILITY Network Enrollment Department at 888.499.5465 or [setup@abilitynetwork.com](mailto:setup@abilitynetwork.com).

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**INSTRUCTIONS**

Complete one Payer Request Form per Tax ID. Return this request form to ABILITY Network Enrollment with your EDI documentation. All information is required unless you are not using a billing service – ABILITY Network is not a billing service. Note: Some payers require additional enrollment forms- please review our payer list for additional requirements.

**BILLING INFORMATION**

Please type provider information on this form for ease of processing at ABILITY Network. If you use a third-party billing service to prepare your claims, complete top section (if not, skip to provider info section):

*Please type your responses directly into the form.*

Billing Service Name

TIN or ABILITY ID:

Contact Name: \_\_\_\_\_ Phone:( \_\_\_\_\_ )

Group/Provider Name:

Billing Tax ID: \_\_\_\_\_ Indicate \_\_\_\_\_ Tax ID \_\_\_\_\_ SSN \_\_\_\_\_ Billing NPI: \_\_\_\_\_

Address on file with Payer(s):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

PRINT Authorized signature name, title (CEO, etc):

Contact Full Name: \_\_\_\_\_ Phone:( \_\_\_\_\_ )

Contact Fax: ( \_\_\_\_\_ ) Email: \_\_\_\_\_

**PROVIDER INFORMATION**

List carriers/providers with which you wish to enroll below. Please refer to the ABILITY Network Payer List for enrollment requirements.

Payer ID	Payer Name	PTAN	Indiv Provider Name	Rendering NPI	Claims	ERA

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