
Submit the completed Payer Request Form to:

Inovalon Enrollment

enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms **WILL BE RETURNED**.

If you have more than ten payers to enroll, please make additional copies of this form.

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

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Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form.

Please check: ☐ New Request ☐ Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: () Fax: () Email:

Group/Provider Name:

Please check for designation: ☐ Professional ☐ Institutional

Billing Tax ID: Indicate ☐ TIN/EIN ☐ SSN Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

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WPS CLAIMS ENROLLMENT INSTRUCTIONS

1. Navigate to <https://edi.wpsic.com/edir/Provider>

Select Electronic Transaction Type required:

- Institutional Claims (Hospital)
- Professional Claims (Medical)

2. Enter Trading Partner ID: See list of Trading Partner ID's below.

3. Select desired payer. You may review the sample Trading Partner Agreements at this point. Click the CONTINUE button when ready to proceed.

4. Enter Provider Contact Information

5. Enter Clearing House information

Name: ABILITY NETWORK
 Contact First Name: Enrollment
 Contact Last Name: Desk
 Contact Job Title: Enrollment Rep
 Contact Phone: 877-340-5610
 Contact Email: Enrollmentsupport@abilitynetwork.com

WPS - INOVALON ENROLLMENT INFORMATION

STATE	LOB	TYPE	ABILITY Payer ID	TRADING PARTNER ID
Michigan Medicare	Professional	Claims/ERA	SMMIO	23730
Iowa Medicare	Professional	Claims/ERA	SMIAO	23730
Kansas Medicare	Professional	Claims/ERA	SMKSO	23730
Missouri Medicare	Institutional	Claims/ERA	SMMO0	23730
Nebraska Medicare	Professional	Claims/ERA	SMNE0	23730
Indiana Medicare	Professional	Claims/ERA	SMINO	ZHFJ0000

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