
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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INSTRUCTIONS

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



Electronic Payment and Remittance Advice Application

This application constitutes an agreement between Neighborhood Health Plan of Rhode Island (Neighborhood) and its affiliated professional or institutional provider, as identified below, to accept direct deposit of claim payment to provider's bank. Direct deposit will be made through Bank of America's Automated Clearing House into the account and bank routing address indicated below. Professional or institutional providers equipped to accept electronic remittance advices are requested to enter their document format preferences in the box provided below. Neighborhood supports remittances in two formats: (1) electronic transmission of standard-format remittance (ERA-available via Neighborhood secure e-mail in PDF format) or (2) machine-readable

ASC X12 835 (available for retrieval via ftp/sftp). If provider is applying for the standard-format ERA (in PDF format via Neighborhood secure e-mail), provider warrants that access and retrieval of the ERA using provider's e-mail address (included below) at their place of business will be in a HIPAA-compliant, secure manner with handling by authorized personnel only. Submission of this completed application to Neighborhood at 299 Promenade Street, Providence, RI 02908 enables participation in Neighborhood's electronic claim payment and remittance advice transmission processes. Providers will be contacted prior to implementation date for transmission testing if necessary.

APPLICATION

New Application **Revised Application** Please allow two to three weeks for processing.

Complete and sign entire application. If this is a revision, briefly indicate what information you are revising in the line below:

IDENTIFICATION AND BANK ROUTING INFORMATION - Attach a copy of a voided check or bank letter for bank changes.

Business Name	Addr															
Street Address																
City, State, Zip Code		<small>City</small>	<small>State</small>	<small>ZipCode</small>												
NHPRI Supplier ID # - If not known, this will be supplied at Neighborhood	ID #	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
NPI Number - If you have more than one NPI number, provide Organizational (Type 2) NPI, otherwise Practitioner individual NPI	NPI #	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Tax Identification Number	TIN #	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Name of Bank	ACH #															
ACH Bank Routing Number [please verify w/bank - please do not use routing number from check]		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Bank CHECKING Account Number [no dashes]	Acct #	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Authorized Banking Transaction Signatory (sign here)	Sign	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><small>Date:</small></td> </tr> </table>				<small>Date:</small>										
	<small>Date:</small>															

INDICATE WHO WILL RECEIVE THE 835 and/or ERA FILE If remittances are needed at both destinations, fill in both boxes; however there must be different media types in each. If desired, both boxes for media type may be checked at one destination (both ERA and 835).

PROVIDER

If Provider is checked, indicate one or both of the remittance transmission types shown to the right	<input type="checkbox"/>	Electronic - standard remittance format (ERA via secure e-mail)
	<input type="checkbox"/>	Machine-readable ASC X12 835 (via ftp)
Contact Name:		
Contact Telephone:		Fax Number:
Contact e-mail address:		
If ERA selected, enter e-mail address for remittance delivery		

BILLING COMPANY or CLEARINGHOUSE

If Billing Company or Clearinghouse checked, indicate one or both of the remittance transmission types shown to the right	<input type="checkbox"/>	Electronic - standard remittance format (ERA via secure e-mail)
	<input type="checkbox"/>	Machine-readable ASC X12 835 (via ftp)
Billing Company or Clearinghouse Name:		
Billing Co/Clearinghouse Contact Name:		
Billing Co/Clearinghouse Contact Telephone:		Fax Number:
Billing Co/Clearinghouse Contact e-mail address:		
If ERA selected, enter e-mail address for remittance delivery		

SUPPLIER AUTHORIZATION

Provider Authorized Signature (Signature Required Below)	Print Name (Authorized Signatory)	Date: