

---

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

Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto: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](mailto:enrollmentsupport@inovalon.com)

**Submit the completed Payer Request Form to:**  
 Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

**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