
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

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NGS Payer Specific Instructions

- Please read the following NGS Medicare instructions carefully to properly complete the enrollment forms.
- Incorrect or incomplete provider or submitter information will cause delays in processing and claims submission.
- **This agreement must be completed on the NGS Website.**
- **IMPORTANT:** Before closing the portal confirmation page, please print the screen showing the NGS packet ID (either print to PDF or print and scan it) and email it to enrollmentsupport@inovalon.com. Please note that this must be uploaded for future follow-up of the enrollment with the payer.
- Print these instructions. Refer to them as you complete the online registration process.
- This submitter information is state-specific.
- Refer to the information below when completing enrollment forms for the state you are completing enrollment for.

Connecticut Medicare:	
Submitter Status	Existing Submitter
Trading Partner ID	CHBC01744
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B CT 13102
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com
Massachusetts Medicare:	
Submitter Status	Existing Submitter
Trading Partner ID	D036
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B MA 14212
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com

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Maine Medicare:	
Submitter Status	Existing Submitter
Trading Partner ID	D036
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B ME 14112
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com

Rhode Island Medicare:	
Submitter Status	Existing Submitter
Trading Partner ID	R0375
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B RI 14412
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com

Vermont Medicare:	
Submitter Status	Existing Submitter
Trading Partner ID	D036
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B VT 14512
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com

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New Hampshire Medicare:	
Submitter Status	Existing Submitter
Trading Partner ID	D036
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B NH 14312
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com

New York Downstate Medicare	
Submitter Status	Existing Submitter
Trading Partner ID	CH0000571
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B NY (Downstate) 13202
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com

New York Upstate Medicare:	
Submitter Status	Existing Submitter
Trading Partner ID	CHBU01563
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B NY (UPSTATE) 13282
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@inovalon.com

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New York Medicare Queens:	
Submitter Status	Existing Submitter
Trading Partner ID	NYBQ11469
Clearing House Name	Inovalon Provider Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B NY (QUEENS) 13292
Street	Butler Square 100 North 6th St Suite 900A
City/State/Zip	Minneapolis MN 55403
Contact Name/Title	Stephanie Dickinson
Phone Number/Ext	973-796-1521
Fax	888-837-2232
Email Address	Stephanie.dickinson@invalon.com

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- [NGS EDI ENROLLMENT PORTAL](#)
- Under Resources at the top of the page you will choose EDI Enrollment.



- Click on EDI Enrollment on the Left side of the page
- Located under Step 1 – Complete your Enrollment there will be a link “Start Enrollment Process” Click on link.
- On Attestation screen, click “Accept’
- Click on I am a Provider and Click on Next
- Click on I want to complete an EDI Registration Form and click on Next
- Select Contractor Code (Refer to the grid above for the corresponding payer you are enrolling with)
- EDI Registration Form
 - Provider information (Complete all fields marked with an *)
 - What Transactions will you Authorize for this Submitter? Click on ASC X12 837 Claims and ASC X12 835 Remittance
 - PTAN/NPI Information (Complete all Fields marked with an *)
 - Trading Partner Information (Choose Link to Third Party and Submitter Type is Clearinghouse)
 - Trading Partner ID (Complete all Fields marked with an *. Refer to the grid corresponding to the payer you are enrolling for)
- Offshore Provider Information. Click on No
- Electronic Remittance Advice Information. Choose the Provider Identifiers either by TIN or EIN.
- Submission Information (Complete all Fields marked with an *)
- Authorized Signature. Click on I agree to the terms and conditions above. (Complete all Fields marked with an *) Click on Submit

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After the enrollment packet is submitted, a confirmation message is displayed on the screen with the assigned Packet ID (PID) number. This has completed the submission process.

- **IMPORTANT- Packet ID is: (Important – Make note of and print your Packet ID Number)**
- Print for your records.
- Finish and Exit

- **IMPORTANT:** Before closing the portal confirmation page, please print the screen showing the NGS packet ID (either print to PDF or print and scan it) and email it to enrollmentsupport@invalon.com. Please note that this must be uploaded for future follow-up of the enrollment with the payer.