



## HeW Facility / Provider Set Up Form

**\*HeW SUBMITTER ID:**

**Effective Date\*:**

**\*REQUEST TYPE (select all that apply):**

Additional Submitter ID Request	New Provider Add	Address/Info Update
---------------------------------	------------------	---------------------

<b>*BILLING CONTACT</b>	<b>*Contact Name</b>	<b>*Phone Number</b>	<b>Ext.</b>
	<b>*Email Address</b>	<b>Fax</b>	

<b>*PRACTICE INFO</b>	<b>*Practice Name</b>		<b>DBA (if applicable)</b>	
	<b>*Tax ID</b>	<b>*Tax ID Type</b>	<b>*Billing NPI</b>	<b>Taxonomy</b>

*PRACTICE OFFICE ADDRESS <small>(include suite number if applicable)</small>			PAY TO ADDRESS <small>(Only include if the Pay To / Check Write address is different than your office address. Please include suite number if applicable.)</small>		
<b>*Street Address</b>			<b>Street Address</b>		
	<b>*City</b>	<b>*State</b>	<b>*Zip + 4</b>	<b>City</b>	<b>State</b>

RENDERING PROVIDERS <small>(Locum providers, please enter locum into the Title/Credentials field.)</small>				
Rendering Provider Name <small>(Last, First, Middle)</small>	Title / Credentials	Individual NPI	Taxonomy	# of Claims Per Month

**PLEASE NOTE: If no claim count is listed, this provider will be added as a Full Time Provider. No credits will be issues for changes made after submission of this form.**

2525 Colonial Drive, Suite A • P.O. Box 1540 • Helena, MT 59624  
P 877.565.5457 F 406.449.0190



\*HeW SUBMITTER ID:

### EDI Enrollment

**EDI Enrollment is required with many payers for claims and for most payers for ERAs.**

To identify which payers you will need to enroll with for EDI transactions, please access the [HeW Payer List](#). The list will also guide you to the EDI Enrollment pages where you will need to locate your payers and then complete the online or paper enrollment. To ensure delivery of your ERA files once we start to receive them from the payer, please indicate which payers from which you plan to receive ERAs.

Name of Payer	Payer ID	Name of Payer	Payer ID

**SUBMISSION:**

Email this completed form to the HeW Enrollment department at [HeWEnrollment@availity.com](mailto:HeWEnrollment@availity.com). If an SSN number is being reported please contact HeW Enrollment at 1-877-565-5457, for submission instructions. DO NOT EMAIL forms with SSNs.