Request to Send Electronic

Providence Preferred PPO Claims

This agreement must be completed and approved prior to sending electronic Providence Preferred PPO claims through ENS.

Instructions for completing this form:

1. Complete one form for each Tax ID.

2. Complete the following:
   Provider Enrollment Form for Electronic Claim Submission
   - Section 2 – Indicate the group or provider name, Tax ID, Contact name, phone, fax and place of service address (cannot be a PO box)
   - Section 4 – List each provider separately. The provider number must be included.

3. After completing the form:
   - Mail the original agreement to:
     Electronic Network Systems, Inc.
     ATTN: Enrollment Dept.
     1755 Telstar Drive, Suite 400
     Colorado Springs, CO 80920

If you have questions concerning this agreement, please contact the ENS Enrollment Department at 719-277-7545, option 5.

GATE0079

Provider Enrollment Form for Electronic Claims Submission

Questions?- Contact us at (800) 792-5256 Option 1

Mailing Address:
Enrollment Department
MedAvant, Inc.
1854 Shackleford Court, #200
Norcross, GA. 30093

Use this form if you are: Enrolling with a new Payer OR Enrolling a new rendering provider with your existing Payer(s). Please complete ALL fields then fax, email or send to MedAvant
We suggest you complete this form on screen. This allows you to type your information into all fields then print your completed form.
When you type your MedAvant Client Name and ID on Page 1 that information will automatically be filled on Page 2.

1 ***Client Information:*** Entities that submit claims. Includes: Billing Services, Medical Groups or individual providers

MedAvant Client Name:	Electronic Network Systems, Inc. (ENS)		MedAvant Client/User ID[1] (Existing Clients):		41162764
Contact Name:	Enrollment Department	Phone Number:	719-277-7545, option 5	Fax Number:	(719) 277-0254

2 ***Provider Information:*** Entities that create claims. Includes: Medical Groups or individual providers. This section must be completed for each **Tax ID.**

Provider/Group Name:							
Provider EIN/SSN # (Indicate type) ☐ EIN ☐ SSN:			NPI:			UPIN:	
Contact Name:		Phone Number:			Fax Number:		
Address:		City:		State:		Zip:	

3 ***Complete, sign and send each Payer Agreement***: The Payer agreements, with instructions, are located on our web site. Go to:
http://www.medavanthealth.com/payerlist/default.asp

- For most Medicare, Medicaid, Blue Cross and Blue Shield Payers you will need a Payer agreement. Please follow instructions for each Payer carefully. These Payer agreements usually require an original signature using blue ink. To enroll for these Payers, use this form and complete fields for Rendering Provider along with Payer and Tracking information.
- For most commercial Payers you will NOT need a Payer Agreement. To enroll for those payers you ONLY need to complete Rending Provider's name and NPI

4 ***Enrollment and Payer Agreement Tracking Information:*** Complete these fields for each Rendering Provider.

- Additional fields are offered on Page 2 or copy, as needed, to enroll additional Providers.
- MedAvant will use this information to start enrollment and follow up with each Payer to confirm approval. If you receive written approval from the Payer please fax it to us upon receipt.

Rendering Provider	Last Name	First Name	NPI

	Payer ID	Payer Name	Payer Assigned IDs:	Group ID	Rendering Provider ID	Agreement Tracking:	Shipping Method	Date	Tracking number
1st Payer for Provider above:	PHP00	Providence Preferred PPO							
2nd Payer for Provider above:									
3rd Payer for Provider above:									

Rendering Provider	Last Name	First Name	NPI

	Payer ID	Payer Name	Payer Assigned IDs:	Group ID	Rendering Provider ID	Agreement Tracking:	Shipping Method	Date	Tracking number
1st Payer for Provider above:	PHP00	Providence Preferred PPO							
2nd Payer for Provider above:									
3rd Payer for Provider above:									

5 *Sign, Date and Send.* **Fax, email or send to MedAvant Inc. Our mailing address is at the top of this form. NOTE: Unsigned and/or incomplete forms may be returned.**

Authorized Signature:		Date:	
MedAvant Enrollment E-mail:	provider.enrollment@medavanthealth.com	MedAvant Enrollment Fax:	**(404) 877-3324**

1: If you do not know your Client ID contact MedAvant Enrollment at phone number listed above.

MEDAVANT

Provider Enrollment Form for Electronic Claims Submission

Questions?- Contact us at (800) 792-5256 Option 1

Mailing Address:
Enrollment Department
MedAvant, Inc.
1854 Shackleford Court, #200
Norcross, GA. 30093

4- Continued	***Use this page if enrolling additional Rendering Providers.***		
REQUIRED: Please re-enter your Client Name and MedAvant Client ID, if fields are blank. This is ensures we have the correct pages for your Group.			
MedAvant Client Name:	Electronic Network Systems, Inc. (ENS)	MedAvant Client/User ID[1] (Existing Clients):	41162764

Rendering Provider	Last Name	First Name	NPI

	Payer ID	Payer Name		Group ID	Rendering Provider ID		Shipping Method	Date	Tracking number
1st Payer for Provider above:	PHP00	Providence Preferred PPC	*Payer Assigned IDs:*			*Agreement Tracking:*			
2nd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			
3rd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			

Rendering Provider	Last Name	First Name	NPI

	Payer ID	Payer Name		Group ID	Rendering Provider ID		Shipping Method	Date	Tracking number
1st Payer for Provider above:	PHP00	Providence Preferred PPC	*Payer Assigned IDs:*			*Agreement Tracking:*			
2nd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			
3rd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			

Rendering Provider	Last Name	First Name	NPI

	Payer ID	Payer Name		Group ID	Rendering Provider ID		Shipping Method	Date	Tracking number
1st Payer for Provider above:	PHP00	Providence Preferred PPC	*Payer Assigned IDs:*			*Agreement Tracking:*			
2nd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			
3rd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			

Rendering Provider	Last Name	First Name	NPI

	Payer ID	Payer Name		Group ID	Rendering Provider ID		Shipping Method	Date	Tracking number
1st Payer for Provider above:	PHP00	Providence Preferred PPC	*Payer Assigned IDs:*			*Agreement Tracking:*			
2nd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			
3rd Payer for Provider above:			*Payer Assigned IDs:*			*Agreement Tracking:*			

1: If you do not know your Client ID contact MedAvant Enrollment at phone number listed above.