



El Paso Health offers Electronic Data Interchange Interchange. Please indicate the specific EDI transaction set up requests.

- 270/271 Eligibility coverage or benefit inquiry/response
- 276/277 Claim status request/response
- 835 Remit Payment Advice (RAs)
- 837 Professional Institutional Claims

Please fill out form and fax to Provider Relations
915-225-6762
Questions/Concerns call 915-532-3778 x1507

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

- Individual Provider Group/Practice Facility

Official Business Name: _____
 Doing Business As: _____
 Billing Address: _____
 City, State, Zip: _____
 Federal Tax ID: _____
 Contacts: _____ Phone: _____
 Email: _____

PROVIDER INFORMATION

Provider/Group Specialty: _____
 Primary Service Location: _____ Group NPI #: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ FAX: () _____
 Secondary Service Location: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ FAX: () _____
 Third Service Location: _____
 Address: _____
 Phone: () _____ FAX: () _____
 City, State, Zip: _____

Provider Name: (Last, First, Title)	Taxonomy No.	NPI#

CLEARINGHOUSE INFORMATION *(Clearing House Customer ID# through AVAILITY):*

Clearinghouse: _____ Phone: () _____
 Billing Submitter No. _____
 Software Vendor Name: _____ Phone: () _____
 ANSI 5010: Professional Institutional
 Clearinghouse Name: _____

Authorization Statement Signature

Provider *(enter provider/designated representative name)* _____ **hereby appoints** *(enter vendor name)* _____ **to act as the authorized agent for the purpose of retrieving the 835 electronically from El Paso Health.**
 Provider/Provider Representative Signature: _____ DATE _____

Please check the Product Line you plan to send/receive EDI transaction files.

- | | |
|--|--------------------------|
| <input type="checkbox"/> El Paso Health – STAR | Availity PAYER ID# EPF02 |
| <input type="checkbox"/> El Paso Health - CHIP | Availity PAYER ID# EPF03 |
| <input type="checkbox"/> CHIP Perinate | Availity PAYER ID# EPF03 |
| <input type="checkbox"/> EPCCS – Health Care Options – Benefit Plan | Availity PAYER ID# EPF37 |
| <input type="checkbox"/> Preferred Administrators (TPA) – UMC | Availity PAYER ID# EPF10 |
| <input type="checkbox"/> Preferred Administrators (TPA) – El Paso Childrens Hospital | Availity PAYER ID# EPF11 |