

Payer Agreement Instructions for Virginia Premier - VPN01

Important Notes

The provider **must** be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the agreement to submit electronic claims. Please wait until the PIN has been assigned **before** completing these forms requesting submission of electronic claims. Please do not list the PIN as "pending".

To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. Per-Se **cannot** make this request for the provider.

- If making copies include *all* pages of this agreement and be sure they are all legible.
- Submit one agreement for each Group ID.
- Incomplete or incorrect agreements will be returned delaying enrollment and approval.
- Approval will take 3- 4 weeks. If you receive an approval letter from the payer, contact us via phone or fax a copy to us. DO NOT transmit your claims until you receive an approval letter from Per-Se or your claims will reject.

Guidelines for completing: Virginia Premier - Payer ID VPN01

Virginia Premier EDI Enrollment Form

Field	Instructions
Submitter Type, Submitter Name:	Pre-Filled
Billing Agent Tax ID:	NA
Group Name, Group Tax ID, Billing Address:	Complete this section as requested if billing as a Group
Provider Name, Provider Specialty, Provider Medicaid ID Number, Tax ID Number, Participation/Non Participating need W-9	List provider name, Specialty, your Medicaid 9 digit ID Number and Tax ID. (If you are a provider not participating in the VA Premier Plan, you must attach a W-9 with your enrollment form)

Return the Agreement to the Payer via fax:

Fax Number

(804) 323-5848

Questions? Contact Per-Se Enrollment at:

(800) 689-4550



Virginia Premier EDI Enrollment Form Date: _____

MedAvant

Submitter Information

Submitter Type ☐ Individual Provider ☐ Group Practice
 ☒ Clearinghouse ☐ Billing Agent

Submitter Name: Payerpath, Inc _____

Address: 9030 Stony Point Parkway, Suite 440 _____

City: Richmond _____ State/Zip: VA, 23235 _____

Phone Number: 804-560-2452 _____ Fax Number: 804-545-1636 _____

Contact Name: Brian C'melo _____ Email Address: brianc@payerpath.com

Billing Agent/Service Information

Billing Agent Tax ID: _____

Provider Group Information

Group Name: _____

Group Tax ID: _____

Billing Address: _____

Individual Provider Information

(attach additional pages if necessary)

Provider Name	Provider Specialty	Provider Medicaid ID # (used for EDI)	Tax ID Number	Participating/Non-Participating (NP needs a W-9)

Please return via mail, fax or email to:

Payerpath, Inc attn: Brian C'melo

9030 Stony Point Parkway, Suite 440

Richmond, VA 23235

Fax: (804) 323-5848

brianc@payerpath.com

RESERVED FOR LOCAL USE:		
DATE RECEIVED BY PAYER	PAYER REPRESENTATIVE	DATE APPROVED BY PAYER