



**[ ] Change to per claim pricing**

Provider Name	Tax ID	Effective Date

**Change Claim Format - Check appropriate boxes:**

Formats:	DOS	WinHecet	NSF 2.0	NSF 3.01	NSF 5.0	ANSI 837P	ANSI 837i
From:							
To:							

**Add ENS services- Check appropriate boxes:**

Gold Services	Eligibility & Referrals	ECT	ERA	Paper Claims	UB92	Patient Statements (Requires Additional Paperwork)

**Adding ERA requires web enrollment on ENS website: [www.enshealth.com](http://www.enshealth.com)**

**Delete ENS services – Check appropriate boxes:**

Gold Services	Eligibility & Referrals	ECT	ERA	Paper Claims	UB92	Patient Statements	All Services

**Change transmission method – Check appropriate box:**

Methods:	BBS (Bulletin Board System)	Internet (Requires User Name and Password)
From:		
To:		

**Change PMS Vendor: User ID \_\_\_\_\_**

From:	
To:	

**Change demographic information. Effective Date: \_\_\_\_\_**

	New Email Address:
Old Company:	New Company:
Old Address:	New Address:
Old Phone:	New Phone:
Old Fax:	New Fax:
Old Contact:	New Contact:
Special Notes:	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date