

Please Check One: New Enrollment Change Enrollment Cancel Enrollment

Provider Identification Information	
Provider Name	
Provider Tax Identification Number or Employer Identification Number	
Provider National Provider Identifier (NPI)	
Provider Contact Information:	
Name	
Telephone Number	
E-Mail Address	

Account Number Linkage Information	
Account Number Linkage to Provider Identifier	
Provider Tax Identification Number or Employee Identification Number	
Provider National Provider Identifier (NPI)	
Authorization Information	
Authorized Signature	
Electronic Signature of Person Submitting Enrollment	
Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	
Submission Date	
Requested ERA Start/Change/Cancel Date	

Account Number Linkage Information

Clearinghouse Information

Official name of the provider's clearinghouse

Vendor Information

Official name of the provider's vendor

Please return this form to ERA.Requests@wellsense.org