

Claim Service Receipt Notification Form

Complete and return this form if you want us to send receipts/up-front edits directly back to you displaying the number of claims received along with any up-front rejections.

Fax this form to 616.942.9932 or email it to edisetup@priorityhealth.com

Billing provider group information

Practice/facility billing/pay-to information as it will appear on each claim:

Group Name _____ Tax ID _____

Address _____ NPI _____

City _____ State _____ ZIP _____

Verify method of receipt ☐ Fax ☐ Email

Office contact person

Name _____ Phone _____

Email _____ Fax _____

Should receipts be forwarded to more than one email address? ☐ Yes ☐ No

If yes, list all email addresses:

1. _____

2. _____

3. _____

4. _____

5. _____