

Midwest Health Plan, Inc.

EDI Provider Information Form

Claim Type : UB__ 1500 __

Provider Data

Provider Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Individual NPI#: _____

Primary Contact at Provider Office: _____

Phone#: _____ Fax#: _____ Email: _____

Billing Tax ID#: _____ **Business Name of Tax ID: _____

**Payment Address (limit 24 characters) _____

City (limit 15 characters) _____ State: _____ Zip: _____

Billing NPI#: _____ Group Name of Billing NPI: _____

EDI Software Vendor Data

Company Name: _____

Clearinghouse Data

Company Name: _____

** Must match your Practice Management system exactly as submitted on 837 & W-9. Please fax completed forms and completed W-9 to the number listed below. Direct your questions to your

Provider Services Representative:

Gena – 313-586-6039 Nehya – 313-586-6055 Linda – 313-586-6013 Brian – 313-586-6069

FAX completed form to: 313-827-9069

<http://www.midwesthealthplan.com>