

## Claim service receipt notification form

Service receipts summarize the number of claims submitted to Priority Health including upfront rejections.

Fax this form to 616.942.9932 or email it to [edisetup@priorityhealth.com](mailto: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. \_\_\_\_\_