Date:_____

Change of Vendor Form Required

TAX ID:_____

RE: ERA Set-up Request Pending for Payer ID "_____":

Notice: The above Tax ID number's ERA request is pending in our system because the provider is currently linked to another vendor to receive these ERAs. In order to complete this request, HeW must have a Change of Vendor letter completed, printed on the provider's company letterhead, signed by the provider and returned to our Enrollment Department authorizing this change. If you have any questions regarding this request, please contact our Enrollment Department at hewenrollment@availity.com

The provider must include your HeW Submitter ID number on the form as well to avoid rejection.

***The following paperwork is designed for you to type into while opened in Adobe Reader. As you complete information that may be asked for again later in the document, those duplicate fields will auto-populate from the first field you completed. Please use your Tab key on your keyboard to move to the next field.*

If you have any questions, please contact us at 1-877-463-8705.

Sincerely,
HeW Enrollment Department

2525 Colonial Drive, Suite A • P.O. Box 1540 • Helena, MT 59624
P 877.565.5457 F 406.449.0190

hewedi.com

THIS PAGE MUST BE PRINTED ON LETTERHEAD.

Change of Vendor Letter
HeW Enrollment Department
hewenrollment@availity.com

Date:_____

Practice Information:

Tax ID: _____
Billing NPI:_____
Facility Name:_____
Address:_____
City:_____State:_____Zip:_____
Contact Name:_____ Contact Email:_____

Currently, I am receiving my Electronic Remittance Advice through _____. I would like to start receiving my Electronic Remittance Advice through _____ Submitter ID_____ with the effective date of _____. This letter also serves as authorization to discontinue delivering ERA's to the previous vendor. By signing below I certify that I am an authorized authority for the above identified practice to make this change.

Name:_____Title:_____

Signature:_____(Print & Sign Here)_____Date:_____