



Where Technology & Service Come Together

SITE ID

Medical Office Payer Enrollment Form

Instructions: Complete one form for each provider in your office to start the enrollment process for Gateway EDI services. Return the completed form to the Provider Enrollment Department by fax to (314)898-1932.

☐ New Gateway EDI Client

☐ Existing Gateway EDI Client:
Adding a Provider
Adding a Location
Changing Information

Contact Name: _____
Email (or fax #): _____

Phone #: _____
Date: _____

Provider Information

First Name:	MI:	Last Name:
Title:	UPIN #:	
Individual NPI:	Group NPI:	
Tax ID:	Specialty:	

Location Information

Pay to Address (if different from location)

Practice Name:	Name:
Street Address:	Street Address:
City, State, Zip Code:	City, State, Zip Code:

- There is a \$50.00 set-up fee for each provider added after installation.

Insurance Company Provider Numbers		
Insurance Company	Group Provider Number	Individual Provider Number
Blue Cross Blue Shield What state? _____		
DMERC _____ Region (Region A, B, C, or D)		
Medicaid What state? _____		
Medicare What state? _____		
Railroad		
Tricare _____ Region (Region North, South or West)		
Additional Insurance Companies with Provider Numbers:	Group Provider Number	Individual Provider Number

Special Notes: _____
