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MedAvant HealthCare Solutions

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Provider.Enrollment@MedAvantHealth.com (404) 877-3324

Type of Request			*PLEASE PRINT LEGIBLY				State				
Initial Set Up	Addition	Deletion	Name of Provider/Organization	Tax ID	NPI	Provider/Payee ID	Indiana	Kentucky	Missouri	Ohio	Wisconsin

BY COMPLETING THE EDI REGISTRATION FORM, I ACKNOWLEDGE THE RECEIPT OF THE TRADING PARTNER AGREEMENT AND COMPANION GUIDE/DOCUMENTS.

COMPLETED REGISTRATION FORM MUST BE RETURNED VIA MAIL OR FAX TO:

Central Region EDI
13550 Triton Park Blvd.
Louisville, KY 40223
Phone: 800-470-9630 Fax: 502-889-4533