

| Payer Information | | | | | |
|---------------------------------|----------------|-----------------|-------------------------|---------------|----------|
| CPID | Payer ID | Payer | Type | Est Days | Multi CH |
| | | | | | |
| Special Enrollment Instructions | | | | | |
| | | | | | |
| Vendor Information | | | | | |
| Submitter ID | Submitter Name | | | | |
| | | | | | |
| Provider Information | | | | | |
| Tax ID | NPI | Provider Number | Name | | |
| | | | | | |
| Address | | | City | State | Zip |
| | | | | | |
| Contact Name | | | | Contact Phone | |
| | | | | | |
| Contact Email Address | | | | | |
| | | | | | |
| Confirmation Addresses | | | | | |
| Primary Email Address | | | Secondary Email Address | | |
| | | | | | |
| ERA Receiver | | | | | |
| Distribution Detail | | | | | |
| | | | | | |