

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					

1. Provider will need to register with Zelis at <http://www.zelispayments.com/>
2. Once on the website, scroll down to Join Our Network, click Get Started.
3. Follow instructions. Ensure RELAYHEALTH is selected as your clearinghouse.
4. If you have questions regarding their process, contact 877-828-8770.
5. Once registration is completed with Zelis, then complete/submit Change Healthcare enrollment.

The below information is required by Change Healthcare for this payer.

Provider Name:

Provider Federal Tax Identification Number (TIN)  
or Employer Identification Number (EIN):

National Provider Identifier (NPI):

Street:

City:

State/Province:

Zip Code/Postal Code:

Telephone Number:

Payer ID:

**By completing and submitting this form, I am confirming the completion of the enrollment process at the payer's website.**