



Send completed form to:
Batchenrollment@changehealthcare.com
Fax: (615) 885-3713

Remittance

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
2845	13407	ST. VINCENT CATHOLIC MEDICAL CENTER NEW YORK	Professional	5	
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					

For Change Healthcare use only

