Electronics Payment and Remittance Enrollment Form

Trinity Health Plan Of New England offers Electronic Payment and Remittance to providers who submit their claims electronically.

Enrollments are processed within 5 business days from receipt of the completed and legible form. Once setup is complete, the primary contact on the application will receive an email indicating the effective date.

If you have questions on how to complete this form, please contact our Provider Service Center at 1-800-991-9907, Monday – Friday from 8:00 a.m. to 5:00 p.m.

Submit completed form via fax to: 1-614-234-8673 OR return this completed form to: Trinity Health Plan Of New England, Attn: Network Operations, 3100 Easton Square Place, Suite 300, Columbus, Ohio 43219. You can also email this form to medigoldpdm@mchs.com.

If multiple TIN/GNPI combinations are impacted by this enrollment request/change, please feel free to submit a spreadsheet with the following information along with this enrollment form:
Organizational Name, Tax ID, and Group NPI

Organization Information

Check ONE
☐ New Enrollment  ☐ Changes to Existing Enrollment  ☐ Cancel Existing Enrollment

Organization Name

Remit Address  City

State  Zip

Physical Address (if different from remit)  City

State  Zip

Group Tax ID Number (TIN)  Group National Provider Number (NPI)

Check ONE Clearinghouse
Please check one and ensure your clearinghouse is set up to receive 835 files from Claimsnet prior to submission of this form.

☐ Change Healthcare  ☐ Claimsnet
The person/organization above authorizes Trinity Health Plan Of New England, through its affiliate PNC Bank, to make electronic payments to the checking account at the depository financial institution (depository) named above for services performed under the network participation agreement between the person/organization named above and Trinity Health Plan Of New England and its affiliates. Such payments shall be made through the regional automated clearinghouse (ACH) associations, subject to the operating rules of the National Automated Clearinghouse Association. This authorization is to remain in full force and effect until Trinity Health Plan Of New England has received written notice from the person/organization of its termination, allowing us reasonable opportunity to act on it, but in no event later than thirty (30) days advance notice. Revocation will not apply to transactions initiated before the effective date of such revocation. Trinity Health Plan Of New England may cease providing any or all of the services upon notice to the primary contact named above. The person/organization identified above certifies that the above information is true and accurate in all respects and will promptly notify Trinity Health Plan Of New England of any changes to the information set forth on this form.

Authorization

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Authorized Signature Required

EXPpires 6/22/2022

Printed Name

Date

Signature

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Printed Name

Date

Signature

Acknowledged

Date

Acknowledged