



Electronic Data Interchange (EDI) Submitter ID Update Request Form



Please complete this form and return it to Novitas Solutions to update the information we have on file for your EDI submitter ID.

All fields marked with an * are required. Please print or type clearly.

General Information		FP167 (R01-22)
*State:	*Line of business:	
Current Provider Information		
*Tax ID:	*Current legal business name:	
*Current EDI trading partner/submitter ID:	Current fax number:	

All Submitter IDs for the same organization will be updated.

Change information on file to (check only those that apply):		
<input type="checkbox"/>	Legal business name:	
<input type="checkbox"/>	Street Address:	City:
<input type="checkbox"/>	State/Province:	Zip code/Postal code:
<input type="checkbox"/>	Contact person:	
<input type="checkbox"/>	Contact person's telephone number:	
<input type="checkbox"/>	Contact person's fax number:	
<input type="checkbox"/>	Contact person's email address:	

Email address may be used for enrollment processing response and will be added to Medicare EDI listservs.

* Required Signatures		Providers: The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855).
*Written Signature of Person Submitting Form (add after you print the form)	*Date:	
*Printed Name of Person Submitting Form	*Printed Title of Person Submitting Form:	

Complete form, print, sign, date, and fax (recommended), OR mail all pages to:

JL: Novitas Solutions, Inc. - EDI - PO Box 3011, Mechanicsburg, PA 17055-1801

JH: Novitas Solutions, Inc. - EDI - PO Box 3093, Mechanicsburg, PA 17055-1811

OR Fax: 1 (877) 439-5479

Please do not send duplicate forms.