



Novitasphere Portal

Migration List for Billing Services and Clearinghouses



This template may be submitted with a completed [Third Party Novitasphere Portal Enrollment Form \(8291P\)](#), or with an [EDI Fax Coversheet](#) for processing. **All fields marked with * are required and must be completed.** Only group or solo practices previously enrolled to submit claims through the same Billing Service or Clearinghouse may be migrated with this form. **All providers listed must be the same jurisdiction (JH or JL).** Instructions for completion are provided on page 2.

Group or Solo Practice Legal Business Name	Group or Solo Practice Provider Transaction Access Number (PTAN)	Group or Solo Practice National Provider Identifier (NPI)	Electronic Remittance Advice (ERA) Selection
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown

*Required Signature and Submitter Information

*Written Signature of Person Submitting Enrollment: (add after you print the form)	*Date (mm/dd/yyyy):	*Email Address:
*Printed Name of Person Submitting Enrollment:	Telephone Number:	*Printed Title of Person Submitting Enrollment:
*Submitter Legal Business Name:	*Submitter ID:	*Tax Identification Number (TIN):

Novitasphere Portal Migration List Template Instructions for Completion:

Complete the instructions below for migrating providers to an existing Novitasphere Submitter ID. All providers on this form must be in the same jurisdiction (JH or JL). Submit a separate form for each jurisdiction, if needed.

1. Provide the group or solo practice Provider Name.
2. Provide the group or solo practice PTAN.
 - o All PTANs listed must have previously been linked to the same billing service or clearinghouse's non-Novitasphere Submitter ID.
3. Provide the group or solo practice NPI.
4. Complete the ERA Selection.
 - o If no selection is made, the existing ERA setup will be maintained.
Exception: If the provider is currently receiving paper remittance, they cannot be migrated with this request. The provider will need to complete the [Novitasphere Portal Enrollment Form \(8292P\)](#).
5. Complete the signature, printed name, title, and date signed.
6. Provide the Email address, Submitter Legal Business Name, Submitter ID, and Tax ID for the billing service or clearinghouse.
7. Submit the completed form with your completed [Third Party Novitasphere Portal Enrollment Form \(8291P\)](#) upon initial enrollment or submit it with an [EDI Fax Coversheet](#) when sending after your Novitasphere Enrollment form has been processed.