



Change Services Form

Notification

Requests to change Ingenix services from an existing account must be received in writing. Written notification may be faxed or mailed to Ingenix at the address or fax number below. **All changes must be received by Ingenix ten (10) business days prior to the effective date in order for the following month's invoice to be adjusted for the change. Changes received after the 20th of the month will not be reflected until the second month following the change.**

Effective Date: _____ Current Date: _____

Ingenix
Attention: Sales Administrator
1755 Telstar Drive, Suite 400
Colorado Springs, CO 80920
Fax: 719-457-8366 Phone: 800-341-6141 x1392

Please complete the following information and return this form as instructed above.

Group Name:	Ingenix User ID:
Contact Person:	Phone Number:
Title:	PMS Vendor:

Ingenix agreement is a yearly contract automatically renewable on anniversary date unless written notification to cancel is received (90) days prior to this date.

Change providers to flat rate pricing per provider – check appropriate box:

Claims only Claims with ECT Claims with Gold Services
Unlimited claims with the above choices. Gold service adds eligibility verification, claim status, ECT (electronic claims tracking), and referrals/authorizations.

Provider Name	Tax ID	Effective Date

Change to claim volume pricing based on each 200 claims – check appropriate box:

Claims only Gold services

Provider Name	Tax ID	Effective Date

Change to per claim pricing:

Provider Name	Tax ID	Effective Date

***You cannot mix or match pricing within the same user ID.**



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Change claim format – check appropriate boxes:

From:	<input type="checkbox"/> Health-e Claim	<input type="checkbox"/> Health-e Web Entry (DDE)	<input type="checkbox"/> NSF	<input type="checkbox"/> ANSI
To:	<input type="checkbox"/> Health-e Claim	<input type="checkbox"/> Health-e Web Entry (DDE)	<input type="checkbox"/> NSF	<input type="checkbox"/> ANSI

Add Ingenix services – check appropriate boxes:

<input type="checkbox"/> Gold Services	<input type="checkbox"/> Eligibility & Referrals	<input type="checkbox"/> ECT	<input type="checkbox"/> Paper Claims
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Delete Ingenix services – check appropriate boxes:

<input type="checkbox"/> Gold Services	<input type="checkbox"/> Eligibility & Referrals	<input type="checkbox"/> ECT	<input type="checkbox"/> ERA
<input type="checkbox"/> Paper Claims	<input type="checkbox"/> Patient Statements		

Change transmission method – check appropriate boxes:

From:	<input type="checkbox"/> BBS (Bulletin Board System)	<input type="checkbox"/> Internet (Requires User Name and Password)
To:	<input type="checkbox"/> BBS (Bulletin Board System)	<input type="checkbox"/> Internet (Requires User Name and Password)

Change PMS Vendor: User ID _____

From:	To:
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Change demographic information. Effective Date: _____

Old Email Address:	New Email Address:
Old Company:	New Company:
Old Address:	New Address:
Old Phone:	New Phone:
Old Fax:	New Fax:
Old Contact:	New Contact:
Special Notes:	

Authorized Signature

Date