



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.

Organization information		FP167 (R2-24)
*State:	*Line of business:	

All Submitter IDs for the same organization will be updated.

*Tax ID:	*Current legal business name:
*Current EDI trading partner/submitter ID:	Current organization fax number:
*Current correspondence email address:	Current organization telephone number:

Information to be changed (ONLY complete fields that need changed, leave all others blank)	
Updated legal business name:	
Updated organization street address:	Updated organization city:
Updated organization State/Province:	Updated organization ZIP code/postal code:
Updated organization fax number:	Updated organization telephone number:
Updated contact name:	Updated correspondence email address:

Email address will be used for form processing response.

* Required Signature	
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 (mm/dd/yyyy):
*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:

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

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

OR Fax: 1 (877) 439-5479

Please do not send duplicate forms.