



Western Highlands Network

A LOCAL MANAGEMENT ENTITY

Serving Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania and Yancey Counties
356 Biltmore Avenue, Asheville, NC 28801 · 828-225-2785 · 1-800-671-6560 · www.westernhighlands.org

835 Request Or Termination Form

This form is used by providers, clearinghouses and/or billing services for purposes of establishing or terminating the 835 Electronic Remittance Advice. It is a requirement that the form be completed and signed off by representatives of *both* the provider and the clearinghouse/billing service, if applicable.

Only one Medicaid Provider Number may be identified per form.

STEP 1:

Action (check one) Request 835 set-up Cancel 835 set-up Change 835 set-up
Set-up (check one) 835 Direct to Provider (Continue to STEP 3)
 835 Direct to Clearinghouse or Billing agency (Complete STEPS 2 and 3)

Please print legibly

STEP 2:

To be completed by clearinghouse or billing service, if applicable:

Date: _____ Submitter ID: _____

Clearinghouse Name: _____

Contact Name: _____ Email: _____

Telephone Number: (____) _____ - _____ EXT: _____ Fax Number: (____) _____ - _____

Clearinghouse Signature: _____

Printed Name of Clearing House Signature: _____

STEP 3:

To be completed by provider:

Date: _____ Submitter ID: _____ Medicaid Provider Number: _____

Provider Name: _____

Contact Name: _____ Email: _____

Address: _____

Telephone Number: (____) _____ - _____ EXT: _____ Fax Number: (____) _____ - _____

Provider Signature: _____

Printed Name of Provider Signature: _____

Return by fax to Western Highlands Network at 828-258-1225.

For WHN Use only:

MB#/Name Verification: _____ Update date: _____ Verification Date: _____

835 TXN Verification: _____ Analyst Initials: _____ Verified By: _____