

NOTIFICATION

Requests to change Optum services from an existing account must be received in writing. Written notification may be sent using one of the methods listed below. If you have questions please call 866-367-9778 opt 1

Mail	Fax Number	Email
Optum Attention: Kathy Benjamin 1755 Telstar Drive, Suite 400 Colorado Springs, CO 80920	877-630-2064	NewSales2@optum.com

Please note the following

- All changes must be received by Optum 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.
- The Optum agreement is a yearly contract automatically renewable on the anniversary date unless written notification to cancel is received (90) days prior to this date.

Effective Date: _____

Current Date: _____

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

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

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.**

Change claim format – check appropriate boxes:

From:	Health-e Claim	Health-e Web Entry (DDE)	ANSI 4010	NSF
To:	Health-e Claim	Health-e Web Entry (DDE)	ANSI 5010	

Add Optum services – check appropriate boxes:

Gold Services	Eligibility & Referrals	ECT	Paper Claims
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Delete Optum services – check appropriate boxes:

Gold Services	Eligibility & Referrals	ECT
Paper Claims	Patient Statements	ERA

Fill in the Payer Specific Database (Yg'lc'5 BG=) \$\$\$:

Provider Group Name:		Group TIN:	
Rendering Provider Name:		Rendering TIN:	
List State, Payer Name and Payer ID:			

Change demographic information. Effective Date: _____

Old E-mail Address:	New E-mail 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