



**LutheranPreferred    Three RiversPreferred**

## **EDI Enrollment Form**

Today's Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### **Type of Business: (Check One)**

\_\_\_\_\_ Payer                      \_\_\_\_\_ Healthcare Provider

\_\_\_\_\_ Clearinghouse              \_\_\_\_\_ Other (Specify): \_\_\_\_\_

### **Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_ AM or PM (Circle One)

### **UPON COMPLETION OF THIS FORM PLEASE FAX TO:**

EDI Enrollment Coordinator  
(260) 435-6995

Or Email to: [ahallaert@lutheran-hosp.com](mailto:ahallaert@lutheran-hosp.com)