



Online Provider Services
Intermediary Authorization Form

Required fields are marked with an asterisk. *
Please fax completed form to 866-698-6032.
Questions on this form? Call 888-247-9311 (option 3)

INSTRUCTIONS:

This form should be completed by providers who contract with a third party to submit claims. If the Billing Intermediary will submit claims for multiple providers, an Account Request Form and an Intermediary Authorization Form is required for each provider.

Billing Agent/Clearinghouse/Intermediary Information

Provider Information:

*Billing Intermediary Name

*Provider Name

*Billing Intermediary's Submitter ID (if already established)

*Provider NPI number

*Contact name at billing intermediary

ValueOptions assigned provider ID number

*Email address at billing intermediary

*Phone number at intermediary

*Please check those options for which you have been authorized by the below-signed provider.

- Electronic Claims Submission, Single Claims Submission, Online Eligibility Inquiry, Online Claim Status Inquiry, Authorization Inquiry

Agreement Terms:

- A. The undersigned Provider Authorizes the above Billing Intermediary to submit claims to ValueOptions on his/her/its behalf in accordance with any applicable regulations.
B. The provider warrants that he/she/it has entered into a written agreement with above named Billing Intermediary.
C. The provider accepts full liability for all actions of the above named Billing Intermediary within its actual or apparent authority to act on behalf of the provider...
D. The provider agrees to notify ValueOptions in writing at least ten (10) days prior to the effective date of the revocation of this Intermediary Authorization Form.

Signatures:

*Billing Intermediary's Signature

*Provider or provider's staff signature

Date

Date