



**MEDICARE**  
**RAILROAD CARRIER**

Technology Support Center  
1-866-749-4301

**RAILROAD MEDICARE EDI PROVIDER CHANGE FORM**

This form is to be completed by a Provider when the following changes occur:

- Discontinue use of a billing agent or clearinghouse
- Use of a new billing agent or clearinghouse

\* Provider Name: \_\_\_\_\_

\* Contact Name: \_\_\_\_\_

\* Mailing Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* ZIP: \_\_\_\_\_

\* Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

\* E-mail Address: \_\_\_\_\_

\* Provider Number: \_\_\_\_\_

NPI: \_\_\_\_\_

Transaction(s) Affected:	<input checked="" type="checkbox"/> ANSI 837 Claim	<input type="checkbox"/> ANSI 835 Remittance
	<input type="checkbox"/> ANSI 270/271 Eligibility	<input type="checkbox"/> ANSI 276/277 Claim Status

Previous Billing Service/Clearinghouse Agent Name: \_\_\_\_\_

Submitter ID of Billing Service/Clearinghouse (if available): \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

\* New Billing Service / Clearinghouse Agent Name: Office Ally

Submitter ID of Billing Service/Clearinghouse (if available): RR3426

Begin Date (if applicable): \_\_\_\_\_

Please mail the completed form to: Palmetto GBA Railroad Medicare EDI Operations  
PO Box 10066  
Augusta GA 30999-0001

If you have any questions, please contact the Palmetto GBA Technology Support Center at 1-866-749-4301.