

VAR CLIENT REGISTRATION FORM INSTRUCTIONS

A Client Registration Form (CRF) is required to register providers with RelayHealth and initiate the transaction process.

General Instructions

- A CRF should be completed for each Tax Identification Number
- Billing Service information must be included if applicable
- Provider Information section should include the individual provider names for a group practice

Practice Information

The following information is needed:

1. The Practice Information section should list the service address of the provider
2. Tax ID/SS Number (EIN that will be used to submit claims electronically)
3. VAR Name and Contact information

Billing Service Information

The following information is needed:

1. Billing Service demographic information
2. Contact information for approval notices
3. If provider is NOT associated to a Billing Service, this section can be left blank.

Registration Information

Please include any previously assigned RelayHealth identification numbers in this section.

- Vendor IDs are assigned to each VAR Your VAR should provide their RelayHealth Vendor ID.
Note: If the VAR does not have a RelayHealth Vendor ID, they must submit a VAR Set up Form prior to enrolling customers.
- If the group is associated to a Billing Service, include the Billing ID. The Billing Service should provide their RelayHealth assigned Billing ID.
Note: If the Billing Service does not have a Billing ID, a CRF is needed for the Billing Service prior to registering their customers.
- If the provider is not associated to a Billing Service, they will be enrolling for a Billing ID. Therefore, only the Vendor number will be entered into this form.

Eligibility

Please select if you wish to be enrolled for Eligibility

Note: This is only the initial eligibility set up and additional agreements will be necessary to complete the Eligibility enrollment process.

Practice Management System

Please indicate the Practice Management System you are currently using (**MediSoft** or **Lytec**).

Current EDI Service Type

Please indicate as applies.

Note: If you are an existing MedAvant client and migrating to RelayHealth please indicate your Client ID as requested.

Communication Method

Please indicate if you are currently using **Broadband** or **Dial Up**.

Provider Information

If you are completing as a Group, please list all Individual Providers associated with the group.

Completed Forms

- The CRF should be returned to your sales associate along with the RelayHealth contract via fax (678) 302-4366 or email to relaycontracts@mckesson.com
- MSLC will email the assigned identification numbers to the contact listed on the CRF for the Billing Service and/or VAR.