



### Trading Partner Change Form



This signed document authorizes SummaCare to update or change who is currently receiving your electronic 835 on your behalf.

**Note:** SummaCare makes claims payments based on the National Provider Identifier assigned to the provider. When a provider is paid to a group or practice, all other providers under that same group or practice will also receive an 835 electronic transaction.

**Who is currently your Trading Partner:** \_\_\_\_\_

**Who would you like to change your Trading Partner to:** \_\_\_\_\_

**Name of person authorizing this change:** \_\_\_\_\_

**Providers Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature of person authorizing change:** \_\_\_\_\_ **Date of Change:** \_\_\_\_\_

Provider Name	Provider/Group TAX ID Number	Provider NPI	PAYTO Group Name	PAYTO Group NPI

Would you like to continue receiving your Paper 835 Remits for an additional 30 days? **(After 30 days, your Paper Remits will be discontinued)**  Yes

Please email the completed form to [edisupport@summacare.com](mailto:edisupport@summacare.com)