

Provider Account Information



If you're a contracted provider and received an error message when creating a new PEHP online account, it means we need updated information from you. Please complete this form and send an email to: providersubmissions@pehp.org.

PEHP will need to validate your information in our new system. Please try to create an account again in 48-72 hours.

Section I: Provider Information

a. Facility Information

Clinic/Facility Name _____

Physical Address _____

Billing Address _____

Tax ID Number* _____

Type II NPI _____

Trading Partner Number (UHIN-Include HT prefix) _____

b. Practitioner Information (repeat as needed)

Practitioner Name _____

Practitioner NPI _____

Practitioner Taxonomy Code _____

Practice address _____

Section II: Contact Information

Contact Name _____

Contact Title _____

Contact Email _____

Contact Phone Number _____

Section III: Submission Information

Authorized Signature _____

Title of Person Submitting _____

Submission Date _____

**Please attach a W-9 Form*

**CLICK HERE TO
SUBMIT FORM TO PEHP**