

## Blueprint Solutions - BLPS - Request for CHC Service

Complete Section 1 • Submit Form [To: physicianinfo@changehealthcare.com](mailto:physicianinfo@changehealthcare.com)

Section 1: Submitter Information			
Practice Name:			
Address:		<input type="checkbox"/> Currently use Change Healthcare	
Federal Tax ID:	Number of Locations:		
Primary Contact:	Email:	Phone:	
Technical Contact:	Email:	Phone:	
Enrollment Contact:	Email:	Phone:	
Section 2: Vendor Contact			
Name: Jessica Maynez		<a href="mailto:support@blueprintsolutions.us">Email: support@blueprintsolutions.us</a>	Phone: 877-686-8410
Section 3: Product Services			
<input checked="" type="checkbox"/> Portal Services			
<input checked="" type="checkbox"/> Provider Complete Professional Claim			
<input checked="" type="checkbox"/> Provider Complete Electronic Remittance Advise (ERA)			
<input checked="" type="checkbox"/> Provider Complete Eligibility/Response			
<input checked="" type="checkbox"/> Provider Complete Enrollment Model			
<input type="checkbox"/> Provider Complete Worker's Compensation			
Desired Go Live Date:			
Section 4: Change Healthcare Internal Use Only			
<b>Billing</b>			
Covered Transactions	Monthly Volume	PTPM Pricing <sup>1,2,3</sup>	Overage Rate
Electronic Medical Claims Electronic Remittance Advice Real-Time Transactions	Up to 150 Claims per Month	\$50.00 PTPM	\$0.30 per Transaction
<p>*PTPM- Per Tax ID Per Month- Includes one RPA account/submitter ID</p> <ol style="list-style-type: none"> <li>1. Print to Paper Claims will be billed separately @ \$0.29 per claim.</li> <li>2. Applicable payer pass through fees, if any, shall be charged in addition to the foregoing fees.</li> <li>3. Pricing includes Participating and Non-Participating Transactions and access to Revenue Performance Advisor</li> </ol>			