



Enrollment Form – Real Time Transactions

Questions?- Contact us at: (800) 792-5256 Option 1
 Fax: (404) 877-3324 | provider.enrollment@Capario.com

Enrollment Department
 Capario
 1901 E. Alton, Suite 100
 Santa Ana, CA. 92705

1 Client Information: Entities that <u>submit</u> claims. Includes: Billing Services, Medical Groups or individual providers			
Capario Client Name:		Capario Client/User ID ¹ (Existing Clients):	
Contact Name:		Phone Number:	Fax Number:

2 Provider Information: Entities that <u>create</u> claims. Includes: Medical Groups or individual providers.			
Provider/Group Name:			
Group EIN/SSN # (Indicate type) <input type="checkbox"/> EIN <input type="checkbox"/> SSN:		Group NPI:	
Contact Name:		Phone Number:	Fax Number:
Address:		City:	State: Zip:
Contact Email:	Email address for Approval Notice:		

3 Real Time Payer agreements can be found at: http://www.capario.com/payer_list.html. If enrollment forms are needed they are listed here.

4 Payers – Enter Payer ID, Payer Name and Check one or both: Eligibility: (270/271), CSI (276/277)				
Payer ID	Payer Name	Select Transaction(s)	Payer ID	Payer Name
		<input type="checkbox"/> Elig. <input type="checkbox"/> CSI		
				<input type="checkbox"/> Elig. <input type="checkbox"/> CSI
Payer ID	Payer Name	Select Transaction(s)	Payer ID	Payer Name
		<input type="checkbox"/> Elig. <input type="checkbox"/> CSI		
				<input type="checkbox"/> Elig. <input type="checkbox"/> CSI
Payer ID	Payer Name	Select Transaction(s)	Payer ID	Payer Name
		<input type="checkbox"/> Elig. <input type="checkbox"/> CSI		
				<input type="checkbox"/> Elig. <input type="checkbox"/> CSI
Payer ID	Payer Name	Select Transaction(s)	Payer ID	Payer Name
		<input type="checkbox"/> Elig. <input type="checkbox"/> CSI		
				<input type="checkbox"/> Elig. <input type="checkbox"/> CSI
Payer ID	Payer Name	Select Transaction(s)	Payer ID	Payer Name
		<input type="checkbox"/> Elig. <input type="checkbox"/> CSI		
				<input type="checkbox"/> Elig. <input type="checkbox"/> CSI
Payer ID	Payer Name	Select Transaction(s)	Payer ID	Payer Name
		<input type="checkbox"/> Elig. <input type="checkbox"/> CSI		
				<input type="checkbox"/> Elig. <input type="checkbox"/> CSI

5 Fax, mail or attach to an email and send to Capario Enrollment Dept. 1901 E. Alton #100 Santa Ana, CA. 92705			Date:
Capario Enrollment E-mail:	provider.enrollment@Capario.com	Capario Enrollment Fax:	(404) 877-3324

1: If you do not know your Client ID contact Capario Enrollment.