

7 Ud]hc`8 ]ghf]WhD\ ng]WUbg' < YU h `D`Ub

**Complete form and fax to:**

Eclaims

Attention: Enrollment

Fax: 866-333-4596

**Blank forms may be copied.**

Call LTC at (888) 941-8967 if you have questions.

## Capitol District Physicians Health Plan Enrollment Form

Complete form and fax to:

**EClaims, Inc.**  
**Attn: Provider Enrollment**  
**866-333-4596**

Call Lindsay Technical Consultants, Inc. (888-941-8967), if you have any questions.

Billing (Group) Provider Name:

Billing Tax ID:

Billing (Group) NPI (if they have one):

1 Rendering Provider Name:

Rendering Provider NPI:

2 Rendering Provider Name:

Rendering Provider NPI:

3 Rendering Provider Name:

Rendering Provider NPI:

4 Rendering Provider Name:

Rendering Provider NPI:

5 Rendering Provider Name:

Rendering Provider NPI:

6 Rendering Provider Name:

Rendering Provider NPI:

7 Rendering Provider Name:

Rendering Provider NPI:

8 Rendering Provider Name:

Rendering Provider NPI:

Do you want to receive ERA? : Yes                      No