



PROVIDER RELATIONS	(888) 550-8800 Option 2
PROVIDER RELATIONS FAX	(305) 620-5973
AUTHORIZATION	(888) 550-8800 Option 1
AUTHORIZATION FAX	(855) 410-0121
CLAIMS	(877) 372-1273 Option 6
ELECTRONIC CLAIMS SUBMISSION (EDI)	Direct Data Entry (DDE) through the HS1 Web Portal, or through the Clearinghouse, Change Healthcare, using: Professional Payer ID: 65062 Institutional Payer ID: 12k89
ELECTRONIC REMITTANCE ADVICE (ERA)	ERA provided via Change Healthcare. Provider must complete Change Healthcare ERA Provider Setup
PAPER CLAIMS SUBMISSION	P.O. Box 350590 Fort Lauderdale, FL 33335-0590
ELECTRONIC FUNDS TRANSFER (EFT)	Initial payment sent via VPay with options for EFT or check available by calling: (855) 388-8374 (Vpay EOB's will be sent via Fax to Providers)
WEB PORTAL ACCESS REQUESTS	Administered by Health System One (HS1). Please complete the HS1 Web Portal Access Form online at: ataflorida.com/pwp
PROVIDER WEB PORTAL LINK	ataflorida.com/HS1webportal/