**\*\*\* Must Be On Provider’s Letter Head\*\*\***

Date:

Optumlnsight

To Whom It May Concern:

Please accept this letter as confirmation that Trizetto Provider Solutions (gate0030) is authorized to receive ERA files for the Tax ID/ Billing NPI numbers listed below.

Name / Practice:

Address:

Contact:

Email Address:

Phone #:

Tax ID:

NPI:

Payer Name:

Payer ID:

Previous Clearinghouse: Unknown

Changing to Clearinghouse: Trizetto Provider Solutions LLC/ Gate0030

Please aggregate by: Tax ID

Sincerely,

Authorized Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name