



Application to Request Duplicate Remittance Advice (RA) Statements

Neighborhood Health Plan of Rhode Island providers or contracted billing staff may apply for access to receive duplicate remittance advice (RA) statements by completing the form below. Simply download this “Application to Request Duplicate Remittance Advice (RA) Statements” to your computer, enter the required information, and return securely via email to pecremittance@nhpri.org

This Application to Request Duplicate Remittance Advice (RA) Statements constitutes an agreement between Neighborhood Health Plan of Rhode Island (Neighborhood) and its affiliated professional or institutional provider, as identified above, to gain secure access to the Neighborhood self-service RA process. Access will be given to a designated Master Keyholder (e.g., Office Manager) who will be responsible for adding and managing additional users. Upon initial set-up, the Master Keyholder will receive an e-mail with a secure link to a portal with instructions. The Back-up Master Keyholder set up is required in the event the Master Keyholder is unavailable.

APPLICATION REQUEST TYPE - Please allow five (5) business days for processing			
NEW Application	REVISED Application		
IDENTIFICATION INFORMATION			
Business Name			
Business Street Address			
City	State	Zip Code	
GROUP NPI Number			
TAX ID Number			
Master Keyholder Name (Last Name, First Name)			
Master Keyholder Business Title			
Phone Number			
E-Mail Address			
Back-up Master Keyholder Name (Last Name, First Name)			
Back-up Master Keyholder Business Title			
Phone Number			
E-Mail Address			
MASTER KEYHOLDER AUTHORIZATION			
Authorized Signature Required Below The above named attests to the authenticity and accuracy of the information on this application.	Date		

*****For Neighborhood Use Only*****