

Rocky Mountain Health Plan  
Pre-enrollment for Electronic Billing

Please complete the following information and fax to My Clients Plus @ 206-274-7459  
or email to [info@myclientsplus.com](mailto:info@myclientsplus.com).

Provider Name:

Mailing address:

Address of facility where services are rendered:

Phone #:

Rendering NPI :

Group NPI (if applicable):

Fed Tax ID:

Blue Cross ID:

Provider specialty:

Contact name:

Email address:

Fax: