

2/24/2020

Dear Provider,

Valley Health plan is owned by the County of Santa Clara. As a result, there are [four documents](#) which must be completed in their entirety to enroll you with the County as a payee to enable VHP to pay your claims.

******Required documents******

1. Federal Tax Form:

- a. 2018 W-9 tax form: must reflect pay to /billing address (P.O. Box OK)

2. CA Tax form: (pick ONE **)**

- a. Physical Service address [INSIDE CA all tax statuses](#) :

- 2020 CA 590 tax form: must reflect your physical service address (*NO P.O. Boxes*)

- b. Physical Service address [OUTSIDE of CA not tax exempt](#):

- 2020 CA 587 tax form: must reflect your physical service address (*NO P.O. Boxes*)

- c. Physical Service address [OUTSIDE of CA with tax exempt status](#):

- 2020 CA 590 tax form: must reflect your physical service address (*NO P.O. Boxes*)

3. Payment method selection: (pick ONE **)**

- a. ACH enrollment form with voided check attachment

- **direct deposit to your bank account** (works best with EDI/835)

- b. Hardship letter

- **paper checks** (works best with paper EOB)

4. Provider Demographic Profile

We cannot process your enrollment until all documents are submitted together in the same transmission.

Any claims submitted prior to enrollment being complete will be denied for tax forms and will need to be re-submitted. All documents must be returned to Provider Relations using one of the following methods:

EMAIL: Nonpartaxforms@vhp.sccgov.org

FAX: Attention Enrollment 408-943-8277

Should you have questions or require assistance with tax forms or ACH enrollment, please do not hesitate to contact our main Provider Relations email address: providerrelations@vhp.sccgov.org.

If you are interested in **Electronic Claims Submission or Electronic Remittance** please contact your clearinghouse and request to add VHP01 fir 837 and or 835.

Thank you,

Provider Relations
Valley Health Plan