Practice Insight

FAX COMPLETED FORM TO
Practice Insight, Enrollment Dept
713.333.0138
Revised 04/12/2012

270/271 ELIGIBILITY ENROLLMENT

Eligibility Enrollment Required for Payer's listed on this Form

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EDI Customer # _____ Tax ID # _____ PI Reseller/Support Vendor _____

CMS Payers Requested: ☐ **Medicare State(s)** **Part A** ☐ **Part B** ☐ **Part A** ☐ **Part B** ☐

☐ **Railroad Medicare**

☐ **DMERC Region(S)** ___ ___ ___ ___ **A B C D**

IMPORTANT: If requesting Medicare or DMERC, a copy of the Billing Provider's signed Medicare EDI Agreement must be sent with this completed request.

Special Eligibility Payers Requested:

☐ **Alabama BCBS**	☐ **Florida Medicaid**	☐ **Michigan Medicaid**	☐ **Rocky Mtn Health Plans**
☐ **Arkansas BCBS**	☐ **Health Partners**	☐ **New Hampshire Medicaid**	☐ **West Virginia BCBS**
☐ **California Medicaid**	☐ **Kaiser**	☐ **North Carolina BCBS**	☐
☐ **Capital BC**	☐ **Maryland Medicaid**	☐ **North Dakota BCBS**	
☐ **Delaware Medicaid**	☐ **Michigan BCBS**	☐ **Pennsylvania BCBS**	

Payer's that require Special 270 Eligibility Enrollment may require a special form, which must be completed and submitted to the payer. To access forms and specific instructions, go to the Practice Insight RT Eligibility web page at http://www.practiceinsight.net/RESELLER_Docs/RealTime.html Scroll down to list of forms- "Special Payer Enrollment Forms-Real Time**".** Click on link to open PDF file which contains forms and instructions.

List of Provider's Requesting Eligibility transactions.

Provider's Name List each Group and/or Individual Provider who will be submitting eligibility requests.	**NPI # (Required)**	**DMERC PTAN/Supplier #**	**Commercial Payer Provider ID # (only applies to Kaiser, HealthPartners, Rocky Mtn Health Plans**	**Medicaid Provider # (only applies to- FL)**	**BCBS Provider # (only applies to- PA & WV)**

Use NEXT PAGE ONLY if more lines are needed to list providers.

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