



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
6/30/2011 (IE, FE)

Medicaid Arkansas Enrollment Instructions – Professional Claims & ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

FAX COMPLETED FORMS TO-
Practice Insight, Enrollment Department
713-333-0138

837-CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)

No enrollment required.

835- ERAs Electronic Remittance Request (New) or (Change of Service)

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete this form:

1. Complete and fax the following 1-page request form.
(Be sure to include Medicaid Arkansas Legacy pin # in request)

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call Medicaid Arkansas edi dept at 501-376-2211.

Medicaid Arkansas EDI Enrollment Request Practice Insight, LLC

To: Practice Insight, Enrollment
Fax: 713.333.0138
Re: Medicaid Arkansas
835 EDI Enrollment

Date _____

No of Pages _____

Customer Name (Practice Name) _____

EDI Cust # _____ Your Support Vendor/Reseller _____

For provider(s) billing Medicaid Arkansas "solo" —
List each as a Billing Provider below with the individual provider's Name, NPI # and Medicaid Arkansas pin #.

For providers billing under a Medicaid Arkansas group(s)--
List each group (or practice name) as a Billing Provider below with the group NPI # and group Medicaid Arkansas pin #.

1- Billing Provider Name _____
Billing Provider NPI # _____
Medicaid Arkansas pin # _____

2- Billing Provider Name _____
Billing Provider NPI # _____
Medicaid Arkansas pin # _____

3- Billing Provider Name _____
Billing Provider NPI # _____
Medicaid Arkansas pin # _____

4- Billing Provider Name _____
Billing Provider NPI # _____
Medicaid Arkansas pin # _____

5- Billing Provider Name _____
Billing Provider NPI # _____
Medicaid Arkansas pin # _____

(Make another copy of this page to list additional providers)