



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
12/30/2010 IE, NF

Aultcare / Aultcare HMO (AULTC)

Enrollment Instructions – Professional Claims and 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.
- ✓ **Make 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 REQUEST FORMS TO-
PRACTICE INSIGHT
Fax # 713-333-0138**

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

To authorize Practice Insight to submit 837 electronic claims, the following form must be completed and submitted for each billing provider group or individual provider, if billing "solo".

1. AULTCARE New Provider to Aultcare Setup (For Electronic Claims)

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

To authorize Practice Insight for retrieval of ERAs, the provider must do/agree to the following:

- 1- Enroll for 837-claims with this payer. The provider must have already submitted claims to this payer via Practice Insight BEFORE 835 ERA setup can be completed.
- 2- Agree to setup of EFT (electronic funds transfer) as well as ERA (electronic remits) from this payer.
- 3- Complete this form- Aultcare 835 Remit Banking Information (2 pages)
ENTER data on Page 1 ONLY.
ATTACH copy of Voided Bank check.
FAX this form and copy of voided bank check to Practice Insight at: 713.333.0138

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 20 days since request was submitted and you have not yet received confirmation of enrollment, contact your Support Vendor.
Resellers may contact the Enrollment Department at Practice Insight to inquire regarding the status of the enrollment request.



New Provider to AulCare Setup

(For Electronic Claims)

Group Name: _____

Or

Individual Provider's Name with Credentials: _____

(If not part of a group)

Tax ID Number: _____

National Provider Id Number (Individual): _____

National Provider Id Number (Group): _____

DEA # _____

Provider Specialty: _____

Type of claims being sent: Professional (HCFA), Institutional (UB92)

Vendor Name: _____

Vendor Contact Name and Phone Number: _____

Vendor Contact Email: _____

Provider Billing Address

Physical Address

(If different than billing address)

Provider Contact Name and Phone Number: _____

Date: _____

For the current AulCare 837 companion guide go to www.aulcare.com

New Provider Setup to AulCare



835 Remit Banking Information

- Please complete the following form if you elect to receive payments and remittance advices electronically!
- Please check this box if you elect not to receive payments electronically and will not be providing banking information. **Sign and return form to AultCare.**

The 835 remit set-up requires banking information for EFT transactions. Please supply the following information.

Practice Tax ID: _____ NPI: _____

Practice Name: _____

Practice Address: _____

➤ **Physician NPI:**

| | |
|-------------------------|------------|
| Physician Tax ID: _____ | NPI: _____ |
| Physician Tax ID: _____ | NPI: _____ |
| Physician Tax ID: _____ | NPI: _____ |
| Physician Tax ID: _____ | NPI: _____ |
| Physician Tax ID: _____ | NPI: _____ |
| Physician Tax ID: _____ | NPI: _____ |

Electronic Payment (EFT paid to) Check One: Group Practice Individual Physicians

➤ **Bank Account Information:**

Enter depository financial institution (DFI) name, ABA routing number, and account number that will receive the remit payment. Remit funds will be directly deposited to this account.

DFI Name (Bank Name): _____

ABA Routing Number: _____

Account Number: _____

➤ **Voided Check:**

Attach a voided check for account verification. (Deposit slips are not acceptable.)

