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## Capital District PHP (CDPHP) Enrollment Instructions – ERA only

- ✓ **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 customer account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider ID #s are valid. 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 submitted paperwork, in case you need to resubmit or follow up on the request.

**FAX COMPLETED FORMS TO-**  
CDPHP Network Services  
835 Team  
518-641-3209

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

If the provider has never registered for ERA files -Or if the provider currently receives 835 ERA files and wishes to authorize Practice Insight to retrieve their 835 ERA files, the provider must complete this form for each billing provider group or solo practitioner.

1. **CDPHP Group/Provider Access Information for 835 TransactionSet** (2 pages)

**Page 1- Complete Section I, Section II** with information specific to the billing provider group, or individual provider, only if individual provider is billing solo.

**Page 2- Signature required.** (Person authorized to sign for provider-Title, Date, Employer).

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### ALLOW 2-4 WEEKS FOR PROCESSING

*If it has been over 20 days since request was submitted and ERAs and the provider has not yet begun receiving electronic remits, contact CDPHP Network Services EDI Team at 518-641-4334 to inquire regarding status of ERA enrollment request.*



# Group/Provider Access Information for 835 Transaction Set

Date: \_\_\_\_\_ Current User ID (e.g., SFT0001) \_\_\_\_\_

**Section I** Complete a separate form for each group and provider to receive a reimbursement voucher. Please obtain this information from your most recent reimbursement voucher. (See sample below.)

Billing National Provider ID# (NPI): \_\_\_\_\_ (Required)

(1) CDPHP Group or Provider number: \_\_\_\_\_

(2) Tax ID of Group/Provider: \_\_\_\_\_

Voucher/Remit Name and Address (please print or type)

(3) Group/Provider Name: \_\_\_\_\_

(4) Address 1: \_\_\_\_\_

(5) Address 2: \_\_\_\_\_

(6) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC. (CDPHP) PATROON CREEK CORPORATE CENTER 500 Patroon Creek Blvd ALBANY, NEW YORK 12206-1057	<b>PAYMENT VOUCHER</b>
<b>3</b> Payee Name <b>4</b> Payee Address 1 <b>5</b> Payee Address 2 <b>6</b> Payee City, State Zip	DATE: _____ PAGE: TIN: <b>2</b> CHECK # _____ Payee Number <b>1</b> AMOUNT: _____ <b>FOR TELEPHONE INQUIRIES CALL:</b> (518) 641.3500

## Section II

Contact Information (Provider Office Contact)

Business Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section III**

Technical Contact Information (Vendor Contact Details)

Technical Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complete the following only if you will have a third-party vendor retrieving your 835 transactions from CDPHP:

I authorize \_\_\_\_\_ to act as my agent to view Capital District Physicians' Health Plan, Inc. (CDPHP), Capital District Physicians' Healthcare Network, Inc. (CDPHN), or CDPHP Universal Benefits, Inc. (CDPHP UBI) member data, including possible protected health information (PHI), in any format deemed appropriate by CDPHP, CDPHN, or CDPHP UBI, on my behalf. The entity listed above is my authorized business associate. I authorize the entity listed above to receive correspondence related to the submittal and processing of ANSI X12 835 transactions on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

The NPI number should be the group practice's billing NPI, facility billing NPI, or individual practitioner NPI if a sole practitioner.

Please return to: CDPHP Network Services 835 Team, 500 Patroon Creek Blvd., Albany, NY 12206. Fax number is (518) 641-3209.

If you have connectivity questions, please e-mail EDI\_Team@cdphp.com or call (518) 641-4EDI(4334).

If you have questions concerning Sections I through III, please contact the CDPHP provider services department at (518) 641-3500 or 1-800-926-7526.