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**Family Health Partners – (31472, 43173)  
Enrollment Instructions –  
Professional/Institutional 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 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 follow up on your request.

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

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

No EDI enrollment required to submit electronic claims.

**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 billing provider must complete this form:

**1. 835-ERA Provider Enrollment Form**

SEE "ERA Request Date" and enter the effective date to enroll the billing provider.

Enter Billing Provider Information and Contact Information.

Enter EDI Information such as Support Vendor, EDI Cust #, and Payer #. Please make sure the correct Payer # is listed.

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**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.*



Fax completed forms to  
Practice Insight  
713.333.0138

ERA Request Date: \_\_\_\_\_

### 835-ERA Provider Enrollment Form

Provider Information					
Provider Name:					
Billing NPI:		Tax ID:		Exclusive Provider ID: (If Applicable)	
Telephone Number:		Fax Number:			
Primary Address:					
City		State:		Zip:	
Billing Address:					
City:		State:		Zip:	
Contact Information					
Contact Name:					
Telephone Number:		Email:			
EDI Information					
Support Vendor / Reseller:		EDI Cust #:			
Payer Name:		Payer #:			
Receiver Information					
Receiver Name:	Practice Insight, LLC				
Telephone Number:	713.333.6000	Fax Number:	713.333.0138		

**Please Allow 2-4 Weeks For Processing**