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**FirstCare (94999)  
FirstCare "Star" Medicaid (94998)  
Availity  
Enrollment Instructions – Professional 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 on, or resubmit your request.

**FAX COMPLETED FORMS TO-**  
Availity  
972-383-6450

**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)**

1. Multi-Payer Electronic Remittance Advice Enrollment Form (1 page)  
List the Payers with which to Enroll -  
Enter First Care 94999 and/or  
Enter First Care "Star" Medicaid 94998  
Enter Provider Information -  
Enter Organization Name, Tax ID, NPI, etc.  
Signature Required.

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**ALLOW 2-4 WEEKS FOR PROCESSING**

*If it has been over 30 days since this request was submitted and you have not yet received confirmation of enrollment, contact your Support Vendor. PI Resellers or Support Vendors may contact the Practice Insight Enrollment Department.*



Rev 02.27.2012.1

## Multi-Payer Electronic Remittance Advice Enrollment Form

**Add or change ERA account:**

LIST THE PAYERS WITH WHICH TO ENROLL (print or type)		<a href="#" style="color: yellow; text-decoration: none;">For payer IDs refer to Availity Health Plan Partner List</a>
Payer Name		Payer ID
Payer Name		Payer ID
Payer Name		Payer ID
Payer Name		Payer ID
Payer Name		Payer ID

**Who will receive the ERA files?**  **If Other, please specify:**

ENTER RECEIVER INFORMATION (print or type)			
Availity Customer ID**    Gen Key #13797    Sender ID: H4895			
Receiver Name		Practice Insight, LLC	
Receiver Address    1 Greenway Plaza, Suite 350			
City	Houston	State	TX    ZIP    77046
Contact Name		Phone	(713) 333-6000    Extension    2
E-mail Address		enrollment@practiceinsight.net    Fax    (713) 333-0138	

\*\*To locate your Availity customer ID, click **Who controls my access?** at the top of the Availity portal.

ENTER PROVIDER INFORMATION (print or type)		
Provider Organization Name		
Provider Tax ID		Provider NPI (if applicable)
Provider Mailing Address		
City	State	ZIP
Authorized Name**		Phone    Extension
E-mail Address		Fax
Authorized Signature**		Date

**\*\*Important Note:** The name and signature provided must be that of an individual who is authorized to sign documents for the practice requesting this 835 enrollment.

If you have any questions about your enrollment, contact Availity Client Services at 1.800.AVAILITY (282.4548). Return this completed, signed form via mail or fax to:

**Availity, LLC**  
**P.O. Box 833905**  
**Richardson, TX 75098-3905**  
**(FAX) 972.383.6450**

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