Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
03/10/2011 (NF)

Florida Health Care Plan (59322)
Via Availity
Enrollment Instructions –ERAs 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 account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are correct. 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 FORM TO-
Availity, 972-383-6450

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

For each billing provider/group who wishes to authorize Practice Insight to retrieve 835/ERAs from this payer, the provider must complete and submit this form:

1. **Availity Electronic Remittance Advice ERA Enrollment Form** (1 page)

--SEE checkboxes and put ✓ next to one of these-

Change ERA Account Information	Select if the provider is already receiving ERAs from this payer and this is a request to change ERA setup.
Create New ERA Account	Select if this is the FIRST, initial setup request for this provider to receive ERAs from this payer.

--SEE table for **Payer Name**, **Payer ID, Provider Tax ID**
Enter Billing Provider's group Tax ID #, group BCBS Provider # (if applicable) and group NPI #(s). (In most cases, there will only be 1 Billing Provider Tax ID, Provider # and NPI # to enter).

--SEE bottom of form, to enter Provider's Name, Address, and Provider's Signature with Date. Provider's Signature is required.

NOTE: EFT (Electronic Funds Transfer) setup is mandatory with this payer. The payer will contact the provider directly to setup EFT.

ALLOW 4-6 WEEKS FOR PROCESSING

If it has been over 20 days since request was submitted and you have not yet received ERAS from this payer and/or confirmation of ERA setup, contact your EDI Support Vendor for assistance. PI Resellers may contact Practice Insight's Enrollment Department.

Electronic Remittance Advice (ERA) Enrollment

Change or Add a New ERA Account	**(Select one)**
CHANGE to ERA Receiver ID:	
Add New Payer to ERA Account	
Change ERA Account Information	☐
Delete ERA Account	
ADD New ERA Receiver ID	
Create New ERA Account	☐

Indicate who will receive the file:	Provider	Billing Service	Clearinghouse ✔

Availity User ID (Required)	***User ID: pi0303 Gen Key #0013797***		
Receiver Name	Practice Insight, LLC		
Receiver Address	1 Greenway Plaza, Suite 350		
City	Houston	State TX	Zip 77046
Contact Name	Enrollment Department	Telephone 713-333-6000 Option #2	
Email Address	enrollment@practiceinsight.net	Fax 713-333-0138	
Vendor Name/ID (if Applicable)			

Payer Name	**Payer ID (see health plan list)**	**Provider Tax ID**	**BCBS Provider #**	**National Provider ID (NPI)**	**Regence Legacy ID**
Florida Health Care Plan	FHCP 59322				

Provider Name (print)		
Provider Address		
City	State	Zip
Provider Signature		Date

Disclaimer: This signature must be that of an individual who is authorized to sign documents for the practice requesting this 835 enrollment.

Please return this form to:

Availity
PO Box 833905
Richardson, TX 75098-3905

Or fax to: 972.383.6450

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