



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
9/9/2011 (IE, FE)

**Group Health Cooperative - (91051)
Payerpath/AllScripts
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.
- ✓ **Keep 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-
Practice Insight, Enrollment Department
713-333-0138

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

No edi enrollment required.

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

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete this form:

1. Group Health Electronic Data Interchange Secure File Transfer Services Request (1 page)

Provider Demographic Information - Provider Name, Address, Request Date, Tax ID, Contact Name, and Contact Phone Number.

Client Information and Transactions Request - Client Name, Federal Tax ID, National Provider ID (NPI), GH Provider No., and Contact Name/Phone Number.

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.



Group Health Electronic Data Interchange Secure File Transfer Services Request

(Form version October 2010)

Provider Services
provider.services@ghc.org
 enter EDI request in subject line

Do not submit this form unless you can exchange HIPAA compliant X12 ANSI transactions, and you have a pgp or gnupg encryption software and can provide you public encryption key.

Provider Demographic Information				*Request Date:	
*Provider Name:				*Tax ID:	
*Remit Address:				*Contact Name	
*City/State/ZIP code:				*Contact Phone Number	
Clearinghouse/Billing Service Demographic Information				Request Date:	
Organization Name	Payerpath			Tax ID:	541884924
Address	4470 Cox Road, Suite 300			Contact Name	Clearinghouse Enrollment Dept.
City/State/ZIP code:	Glen Allen, VA 23060			Contact Phone Number	804-327-9940
If change to a current setup mark which type below:					
Add Tax ID or NPI to file		Change Tax ID or NPI		Other (describe below):	
Merge of organizations		Server name or IP address		Account deletion	

	837	835	270/271	276/277	Other
If you currently exchange files electronically directly with Group Health, please check all that apply:					

Technical Support:		Phone:	
Clearinghouse Enrollment Dept.		804-327-9940	
Title:		Fax:	
		919-800-6875	
Department:		E-Mail:	
		chenrollment@allscripts.com	
Business Contact:		Phone:	
Title:		Fax:	
Department:		E-Mail:	
Accounts Receivable Contact:		Phone:	
Title:		Fax:	
		E-Mail:	

Encryption - Please paste your public encryption key in the space below if it has been changed/updated

Client Information and Transactions Request (Group Health will complete shaded section)

Trading Partner Name	*Client Name	*Federal Tax ID	*National Provider ID	GH Provider No.	*Contact name, phone, e-mail
Payerpath					
Requested Transactions:	837	835	X 270/271		276/277
Requested Transactions:	837	835	270/271		276/277
Requested Transactions:	837	835	270/271		276/277
Requested Transactions:	837	835	270/271		276/277

When complete, please transmit this form to provider.services@ghc.org