
**HEALTH NET – Northeast (06108)
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 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 FORMS TO-
Practice Insight, Enrollment Department
713-333-0138

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 these forms:

1. 835-ERA Provider Enrollment Form (1 page)

Complete this form using the Billing provider group information, or individual provider information, only if individual provider is billing "solo".

2. Health Net Electronic Remittance Advice (ERA) Provider Setup Form (1 page)

Top of Form - Put ✓ for Add Change or Delete and Enter Requested Effective Date
Put ✓ or Paper Remittance Required or No Paper Remittance Required

Section 3 - Enter Billing Provider's Information, and then list individual Provider Name(s) with unique Provider ID, NPI, and SSN or TIN.

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since this request was submitted and ERAS are not being received, providers should contact their EDI support representative or reseller to inquire regarding status of the ERA enrollment. Resellers can contact Practice Insight, Enrollment Department for assistance.



Health Net

Health Net Electronic Remittance Advice (ERA) Provider Setup Form

Contact Name:	Phone:	E-Mail:	Fax:
Northeast <input type="checkbox"/>	Arizona <input type="checkbox"/>	California <input type="checkbox"/>	Oregon <input type="checkbox"/>
Medi-Cal <input type="checkbox"/>	Requested Effective Date:		
Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	
*Paper Remittance Required <input type="checkbox"/>		*No Paper Remittance <input type="checkbox"/>	

1 Receiver Information (Entity receiving ERA File)

Receiver	Contact Name
Address	State
City	Fax
Telephone	Tax ID
Email Address	

2 Vendor Information (Entity retrieving ERA file on behalf of receiver)

Vendor	Contact Name
Address	
City	State
Telephone	Fax
Email Address	Tax ID
Vendor/Submitter ID	<input type="checkbox"/> Clearinghouse <input type="checkbox"/> FCH (Health Net use only)

3 Provider Information (Provider for whom ERA's will be returned)

Group/Facility Name	
Provider Name	Provider Contact
Provider Address	
City	State
Provider Telephone	Provider Fax
Provider E-mail Address	
Provider SSN/Tax ID	HNT Provider ID

Provider Name	Unique Provider ID	NPI	Provider ID (SSN/TIN)*
1			
2			
3			
4			

Send Setup Notification to: Do Not Send Notification Vendor Billing Service/Dealer Facility/Provider
 * Providers requesting electronic remittance advice (ERA) may continue to receive paper remittances in addition to the ERA. Health Net reserves the right to cease providing paper remittances at anytime without prior notice.
Providers must fax completed form to 1-800-677-4147.



Fax completed forms to
Practice Insight
713.333.0138

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