Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
8/1/2011 (IE, NF)

Regence Blue Shield Idaho(00611)
Availity
Enrollment Instructions – Professional 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
AVAILITY, 972-383-6450

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

No claims enrollment necessary.

835- Electronic Remittance Request (New)

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

1. **Availity/Thin Electronic Remittance Advice (ERA) Enrollment**
   See Table – Enter Billing Provider Tax ID, BCBS Provider #, NPI, and Regence Legacy ID. Enter Provider Name and Info. Signature is required.

For Change to ERA Request ONLY:

Follow directions as for New Request. A letter from provider authorizing CHANGE to ERA receiver is required; See sample letter attached.

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since this request was submitted and the provider has not yet received ERAs from this payer, please contact your Support Vendor.
PI Resellers or Support Vendors may contact Practice Insight 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) 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 Enrollment Department	Telephone (713) 333-6000 Opt 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
Regence BS Idaho	00611				
Regence BS Idaho	00611				
Regence BS Idaho	00611				
Regence BS Idaho	00611				
Regence BS Idaho	00611				

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

Sample Letter

(Type on Provider's Letterhead)

Date

Availity / THIN
EDI Enrollment
PO Box 833905
Richardson TX 75098-3905

Dear EDI Enrollment:

The following providers wish to authorize **Practice Insight** to retrieve ERA files from BS ID (#00611).

Practice Insight   Gen Key #0013797
Availity User ID#   H4895
ERA Receiver #   E59560

Billing Providers:

(provider name)   (provider's PIN#)   (provider's NPI)

Please delete the ERA authorization for these provider numbers from our previous service bureau, *(fill in name here)*.

Thank you for your attention to this matter.

Sincerely,

(provider's signature)

(provider name)