
Medicaid – Illinois (MCDIL) Illinois Dept. of Healthcare & Family Services Enrollment Instructions – Prof/Inst Claims

- ✓ **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 customer account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider ID #s are valid. 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 submitted paperwork, in case you need to follow up on your request.

Fax Completed Forms to-
Practice Insight, Enrollment Department
713-333-0138

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

To enroll the provider for the FIRST TIME or to request a CHANGE OF SERVICE, authorizing Practice Insight as the submitter of electronic claims, on behalf of the provider, complete/obtain and submit these forms.

1. Medicaid Illinois Enrollment Request Profile (1 page).
Complete for each billing provider group or individual.
2. Medicaid IL Provider Sheet (Provider may have a copy, but if not see the following to request.)
Obtain a copy of the Provider Sheet from Medicaid IL for each billing provider group or individual. Contact MCD IL Provider Participation at 217-782-0538 and request a copy of the "Provider Sheet" for each billing provider. Note: Medicaid IL will mail a copy of the Provider Sheet to the provider's office. Once the Provider Sheet is received, fax a copy of the Provider Sheet to Practice Insight with the Enrollment Request Profile Form.

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

835 ERAs are not being offered at this time from the payer.

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 or call MCD IL Provider Participation at 217-782-0538



**Medicaid Illinois
EDI Enrollment Request Form
Professional Claims**

Support Vendor / Reseller:		EDI Cust #:	
Provider Information			
Provider Name:			
Contact Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:		IL MCD PIN:	
Billing NPI:		Tax ID:	

IMPORTANT: Include with this fax - a copy of the Billing Provider's MCD IL Provider Sheet. If the provider does not have a copy of the provider sheet, please contact MCD IL Provider Participation at 271-782-0538.