



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
6/23/2011 (IE, FE)

**LifeWise Health Plan of Washington (91049)
(Premera Blue Cross)
Enrollment Instructions – Professional Claims and 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.

MAIL COMPLETED FORMS TO-
Lifewise Health Plan of Washington
P O Box 7709
Bend, OR 97708

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

Providers already enrolled to send **BLUE CROSS WASHINGTON** claims through Practice Insight are automatically approved to send LifeWise Health Plan of Washington claims. If the provider is not already enrolled to send claims to Blue Cross Washington-Premera, see link to access the edi enrollment request form for [Washington Blue Cross Premera](#).

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 billing provider must complete this form:

1. LifeWise Health Plan of WA 835 EDI Authorization Form Claims Payment and Remittance Advice (1 page) Add information for billing provider. Provider's signature is required (see bottom of form).

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 Lifewise edi dept at 1-800-435-2715 Opt 3.



835 EDI Authorization Form Claims Payment and Remittance Advice

This Authorization Form is required for the set-up of the 835 Claims Payment and Remittance Advice. An original signature is required. Please return the completed form to the address below.

Lifewise Health Plan of Washington
PO Box 7709
Bend, OR 97708

Date: _____

Provider or Group/Facility Information:

Name: _____ Current Lifewise Submitter ID _____
(Completed by Lifewise)

Address: _____

City: _____ State: _____ Zip: _____

Tax ID: _____ National Provider Identifier (NPI): _____

Providers who have their NPI (National Provider Identifier) on file with Premera, and are requesting an 835 Electronic Remittance Advice and/or a 270/271 or 276/277 electronic inquiry/response exchange, must be able to accept these electronic transactions including the NPI.

Type of Remittance Requested: Professional Institutional Both

Do you share this tax ID with other groups, facilities or individual providers? Yes _____ No _____

IF Yes: *The 835 Transaction (Electronic Remittance Advice) will include payments for all providers who share this tax ID and will be sent to only one submitter ID. Paper vouchers and the associated checks are not affected.*

Clearinghouse/Billing Service Information:

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact Name: _____

I authorize the above named Clearinghouse/Billing Service to receive the 835 Health Care Claim Payment/Advice on my behalf.

Provider Signature: _____ Date: _____

Lifewise EDI Team Members
1-800-435-2715 option #3

Alex DuFault: 541-318-2133
Darcina Simms: 541-318-2007

Fax: 541-318-2337
Email: EDI@lifewisehealth.com