
BCBS – Minnesota (00720, 00220) Enrollment Instructions - Professional and Institutional 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.
- ✓ **Make 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 the request.

FAX COMPLETED FORMS TO-
Practice Insight, Enrollment Department
713-333-0138

837– CLAIMS Provider Enrollment (New) or (Change of Service)

No edi enrollment requirement to submit electronic claims.

835– ERA Electronic Remittance Request (New) or (Change of Service)

For each billing provider/group who wishes to authorize Practice Insight to retrieve 835/ERAs from this payer, the provider must complete and submit this form:

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”.

ALLOW 30 DAYS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received ERAS from UCARE and/or confirmation of enrollment, contact your EDI Support Vendor for assistance. PI Resellers may contact Practice Insight's Enrollment Department to follow up on this request.



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