



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
11/23/2011 (NF, IE)

Mutual of Omaha (71412)

Enrollment Instructions – Professional and ERA

- ✓ **BEFORE enrolling, you MUST have 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 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 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.



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