



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
07/05/2011 (NEW)

Paramount Health Care (PARHC) Enrollment Instructions –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 to make sure provider IDs are valid. 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)

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

1. Practice Insight 835 Provider Enrollment Form (1 page)
ENTER the Billing Provider's information. If billing as a group, enter the billing provider's group name and group NPI #.

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been more than 30 days since your request has been submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance. Resellers may contact the Practice Insight Enrollment Department.



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