



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
04/19/11 (IE)

<https://www.qualchoice.com/providers/forms.aspx>

QualChoice of Arkansas- (35174) 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 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 FORM TO-
QualChoice, Provider Relations
501-707-6811**

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. QualChoice 835 Sign Up Form (1 Page)

Section I -- ENTER: Billing Provider Information

Section II -- ENTER: Contact Information for Billing Provider

Section III -- ENTER: Form Completed by- Printed Name, Signature, and Date

IMPORTANT: PROCESSING TIME MAY TAKE LONGER FOR LARGER GROUPS

ALLOW 4-6 WEEKS FOR PROCESSING

If it has been over 45 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 Qualchoice at 501-228-7111.

SECTION I: PROVIDER INFORMATION		
PROVIDER NAME		NATIONAL PROVIDER IDENTIFIER # (NPI)
NAME OF PRACTICE		PROVIDER/PRACTICE TIN
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

SECTION II: CONTACT INFORMATION FOR 835		
CONTACT NAME	PHONE NUMBER	FAX NUMBER
EMAIL ADDRESS	CLINIC EMAIL ADDRESS	

SECTION III: SIGNATURE	
NAME OF INDIVIDUAL COMPLETING THIS FORM	
SIGNATURE (REQUIRED)	DATE

SECTION IV: INSTRUCTIONS
<p>PLEASE FAX OR MAIL COMPLETED FORM TO:</p> <p style="text-align: center;"> QualChoice ATTN: Provider Relations PO Box 25610 • Little Rock, AR 72221 Fax: 501.707.6811 Questions? providerrelations@qualchoice.com </p>