



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.  
03/15/11 (IE)

**UPMC Health Plan (23281/95216)  
University of Pittsburgh  
Enrollment Instructions – Professional ERA only**

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- ✓ **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 FORM TO-**  
Practice Insight, Enrollment Department  
713-333-0138

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

No EDI Enrollment required.

**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. Practice Insight 835-ERA Provider Enrollment Form (1 page)  
ENTER data specific to the Billing Provider to complete this form.

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**ALLOW 1-2 WEEKS FOR PROCESSING**

*If the provider does not begin receiving ERAs and/or does not receive confirmation of enrollment within 14 days after submitting this request, the provider should contact their Support Vendor for assistance. Practice Insight Resellers may contact 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**