



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
9/2/2011 (IE,FE)

Multi-Payer ERA Request Form ENS-Ingenix Enrollment Instructions – ERA

- ✓ **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 information is correct, e.g, Tax ID #. Invalid or incorrect provider Information 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 submitted paperwork, in case you need to follow up of your request

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

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

Complete this form for each billing provider/group who wishes to authorize Practice Insight to retrieve ERAs from the payer(s) listed on this form:

1. United Healthcare Group Multi-Payer Request form (1 page)

Pacificare – Please make sure the NPI and Address match the information on file at the payer.

IMPORTANT: If any payers are marked “Change” or “Delete”--the provider (contact person specified on the request) will receive an email from Ingenix asking them to confirm the request for change of service in the routing of their UHC ERAs. **THE PROVIDER WILL BE ASKED TO REPLY TO THE EMAIL WITHIN 3 BUSINESS DAYS.** Completion of the 835 ERA setup will depend upon the provider’s response to this email from Ingenix.

ALLOW 4-6 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 45 days after the request has been submitted, contact your support vendor for assistance. Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Dept direct to check on status of enrollment.

**UNITED HEALTHCARE GROUP
Multi-Payer Enrollment Request
835 Electronic Remittance Files**

<p>For each payer listed below, check one "Type of Request" N – New C – Change D – Delete</p>

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|---|--|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---|----------|----------|----------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;">N</td> <td style="text-align: center; width: 10%;">C</td> <td style="text-align: center; width: 10%;">D</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>AARP United Healthcare (36273)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Americhoice APIPA (AZ)(03432)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Americhoice NJ (MCD)(86047)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Golden Rule (37602)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Medica (94265)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Midwest Security (79480)</td> </tr> </table> | N | C | D | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AARP United Healthcare (36273) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Americhoice APIPA (AZ)(03432) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Americhoice NJ (MCD)(86047) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Golden Rule (37602) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medica (94265) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Midwest Security (79480) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;">N</td> <td style="text-align: center; width: 10%;">C</td> <td style="text-align: center; width: 10%;">D</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Pacificare CA-OK-OR-TX-WA (95959)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>United Healthcare, MAMSI (87726)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>UHC of River Valley (95378)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Unison Health Plan (25175) Includes 32006, 62183 & 86049 UHC PA (fka Americhoice PA)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>United Medical Resources (31107)</td> </tr> </table> | N | C | D | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pacificare CA-OK-OR-TX-WA (95959) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | United Healthcare, MAMSI (87726) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | UHC of River Valley (95378) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unison Health Plan (25175) Includes 32006, 62183 & 86049 UHC PA (fka Americhoice PA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | United Medical Resources (31107) |
| N | C | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AARP United Healthcare (36273) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Americhoice APIPA (AZ)(03432) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Americhoice NJ (MCD)(86047) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Golden Rule (37602) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medica (94265) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Midwest Security (79480) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | C | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pacificare CA-OK-OR-TX-WA (95959) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | United Healthcare, MAMSI (87726) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | UHC of River Valley (95378) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unison Health Plan (25175) Includes 32006, 62183 & 86049 UHC PA (fka Americhoice PA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | United Medical Resources (31107) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IMPORTANT: If any payers are marked "Change" or "Delete"--the provider (contact person specified on the request) will receive an email from Ingenix asking them to confirm the request for change of service in the routing of their UHC ERAs. **THE PROVIDER WILL BE ASKED TO REPLY TO THE EMAIL WITHIN 3 BUSINESS DAYS.** Completion of the 835 ERA setup will depend upon the provider's response to this email from Ingenix.

My EDI software reseller is:

EDI Cust #

Billing Provider Name:			
Billing Provider Address:	City:	State:	Zip:
Billing Provider Tax ID:			
Billing Provider NPI:		NPI Reference Label (Optional):	
Contact Name:		Contact Phone#:	
Contact Email:			

FAX THIS PAGE TO PRACTICE INSIGHT ENROLLMENT AT: 713.333.0138

PLEASE ALLOW 4-6 WEEKS FOR ERA SETUP TO BE COMPLETED.