



**EDUCATORS MUTUAL INS ASSOC (SX110)
HT000214-001 UTAH
Enrollment Instructions –Professional Claims and 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 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

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

If the provider has not submitted claims electronically to this payer -
- Or -
If the provider has been submitting claims to this payer via another clearinghouse and wants to change their service to go through Practice Insight, the provider must complete the form:

1. Practice Insight 837/835 Provider Enrollment Form (1 page)
ENTER data specific to the Billing Provider to complete this form.

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 837/835 Provider Enrollment Form (1 page)
ENTER data specific to the Billing Provider to complete this form.
Put ✓ Next to 835 Electronic Remits. (EDI Information)

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance.



Fax completed forms to
Practice Insight
713.333.0138

837- Claims and 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 #: | | | |
| 837 Professional Claims: | | 837 Institutional Claims: | | 835 Electronic Remits: | |
| | | | | | |
| Receiver Information | | | | | |
| Receiver Name: | | Practice Insight, LLC | | | |
| Telephone Number: | | 713.333.6000 | Fax Number: | | 713.333.0138 |

Please Allow 2-4 Weeks For Processing