



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
10/6/2011 (IE, NF)

**PEHP Public Employees Health (SX106)  
HT000158-001 UTAH  
Enrollment Instructions –Professional Claims and ERA**

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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 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.
2. Practice Insight 837/835 Rendering Provider Setup Form (1 page)  
ENTER all Rendering Providers associated to the Billing Provider.

**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 (See EDI Information)
2. Practice Insight 837/835 Rendering Provider Setup Form (1 page)  
ENTER all Rendering Providers associated to the Billing Provider.

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**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 or call.*



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**

