



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
8/15/2011 (FE, IE)

**Select Health (SX107)
HT000015-001 UTAH
Enrollment Instructions –Professional 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)

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.

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

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