



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
9/15/2011 (NF)

University of Utah Health Plans (SX155) HT005915-001 Enrollment Instructions –Professional ERA Only

- ✓ **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 to submit electronic claims.

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. University of Utah Health Plans 835 and Electronic Funds Transfer (EFT) Request Form
 - Under "Vendor Information" Enter Billing Provider Name next to "Vendor Name." Enter Billing NPI and Tax ID.
 - Enter Contact and Bank Information. Make sure the Bank Information is legible and accurate.
 - See Bottom - At least 1 Authorized Provider must sign authorizing University of Utah Health Plans to deposit funds for claims payment directly into a vendor's bank account.

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.



University of Utah Health Plans 835 and Electronic Funds Transfer (EFT) Request Form

VENDOR INFORMATION

Vendor Name: _____ Billing NPI: _____

Trading Partner Number or Clearinghouse Name: _____ Tax ID: _____

CONTACT

Name: _____ Phone Number: _____

E-mail: _____

Billing Address: _____

BANK INFORMATION

Bank Name: _____ Bank Phone Number: _____

Bank ABA (Routing) Number _____ Bank Account Number: _____

This EFT request form authorizes University of Utah Health Plans to deposit funds for claims payment directly into a vendor's bank account. This request form also allows for reversal of payments that were made in error. This authority is to remain in full force and effect until University of Utah Health Plans has received written notification from the vendor of its termination in such time and manner as to afford University of Utah Health Plans a reasonable opportunity to act on it.

SIGNATURES

| | | |
|--------------|--------------|--------------|
| _____ | _____ | _____ |
| Printed Name | Printed Name | Printed Name |
| _____ | _____ | _____ |
| Vendor Title | Vendor Title | Vendor Title |
| _____ | _____ | _____ |
| Date | Date | Date |

**Please fax to: Stephanie Gilbert, University of Utah Health Plans, 801-587-6433or
Email: Stephanie.n.gilbert@hsc.utah.edu**

- **Please send a copy of a voided check with this form**