

Florida Community Care 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDIinsight Enrollment Team using EDIinsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request.

835 Electronic Remittance Advice:

1. **FLORIDA COMMUNITY CARE ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM (2 pages)**

Complete the '**Provider Contact Information**' section on Page 2.

Provider or Authorized Individual must sign and date under the '**ERA Submission Signature**' section on Page 2.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to "**Save and Exit**" notes' window.



**FLORIDA COMMUNITY CARE ELECTRONIC REMITTANCE
ADVICE (ERA) ENROLLMENT FORM**

Email the **ERA Enrollment Form** to FCCERA@fcchealthplan.com

The Email Subject should read: FCC ERA Enrollment

Note: Incomplete forms will delay the enrollment process.
Every field is **required**.

PROVIDER INFORMATION

Provider Name:

Provider Address:

City:

State:

Zip:

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number:

National Provider Identifier:

PROVIDER CONTACT INFORMATION

Contact Name:

Contact Number:

Email Address:

ERA SUBMISSION SIGNATURE

Authorization Signature:

Date: