
BMC HealthNet Plan (Boston Medical)

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 this 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 45 days.

835 Electronic Remittance Advice:

ERA Authorization Form (ERA-1) (2 pages form + 2 pages instructions)

COMPLETE form using the billing provider's group information.

SEE Authorization Information. OBTAIN written signature, ENTER signer's name and title.

ENTER Submission Date and Requested ERA date.

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 the completed payer form.

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

ENTER any notes (optional), then CLICK to **SAVE**.

ERA Authorization Form (ERA-1)

Please Check One:

New Enrollment
 Change Enrollment
 Cancel Enrollment

Provider Identification Information
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Provider Name	
Provider Tax Identification Number or Employer Identification Number	
Provider National Provider Identifier (NPI)	
Provider Contact Information:	
Name	
Telephone Number	
E-Mail Address	

Account Number Linkage Information

Account Number Linkage to Provider Identifier		
Provider Tax Identification Number or Employee Identification Number		
Provider National Provider Identifier (NPI)		

Authorization Information

Authorized Signature		
Electronic Signature of Person Submitting Enrollment		
Written Signature of Person Submitting Enrollment		
Printed Name of Person Submitting Enrollment		
Printed Title of Person Submitting Enrollment		
Submission Date		
Requested ERA Start/Change/ Cancel Date		

Clearinghouse Information

Official name of the provider's clearinghouse	
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Vendor Information

Official name of the provider's vendor	
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Please return this form to ERA.Requests@BMCHP-wellsense.org

Provider Instructions for Completing the Attached ERA Authorization Form (ERA-1)

Please Check One:

New Enrollment Change Enrollment Cancel Enrollment

Provider Identification Information

Provider Name	Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric
Provider Tax Identification Number or Employer Identification Number	A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric (9 digits)
Provider National Provider Identifier (NPI)	A HIPAA Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.	Numeric (10 digits)
Provider Contact Information:		
Name	Name of a contact in provider office for handling ERA issues	Alphanumeric
Telephone Number	Associated with contact person	Numeric (10 digits)
E-Mail Address	An electronic mail address at which the health plan might contact the provider	Alphanumeric

Account Number Linkage To Provider Identifier

<i>Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</i>		
Provider Tax Identification Number (TIN)	A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric (9 digits)
National Provider Identifier (NPI)	A HIPAA Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.	Numeric (10 digits)

Authorization Information

Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment (must provide either Electronic or Written Signature)	
Electronic Signature of Person Submitting Enrollment		
Written Signature of Person Submitting Enrollment		
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment	
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment	
Submission Date	The date on which the enrollment is submitted	CCYYMMDD
Requested ERA Start/Change/Cancel Date	The date on which the requested action is to begin	CCYYMMDD

Clearinghouse Information

Clearinghouse	Official name of the provider's clearinghouse
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Vendor Information

Vendor	Official name of the provider's vendor
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