
**Baptist Health Plan(61124)
(PKA Bluegrass Family Health)
Enrollment Instructions - Professional ERA Only**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record(s) added.** Please contact your EDI Support Vendor to confirm your EDI setup.
- ✓ **The provider MUST ALREADY BE SUBMITTING ELECTRONIC CLAIMS to this payer BEFORE requesting ERA setup.**

CHOOSE ONE METHOD- to submit to Practice Insight

- A. **paperless** PRACTICE INSIGHT ENROLLMENT MANAGER.
PI Support Vendors can submit using paperless method.
- B. Email: enrollment@practiceinsight.net

ERAs (835) NEW or CHANGE OF SERVICE

ENROLLMENT MANAGER

Step 1. Paperless Method (No Form Required)

Within EDIInsight→Enrollment Manager, [ADD Payer Enrollment] for this payer.

**Step 2. SELECT Enrollment Record, Click [SUBMIT Enrollment to PI].
COMPLETE ONLINE FORM, then CLICK [SUBMIT Enrollment] .**

-Or-

COMPLETE this form and SEND via email to enrollment@practiceinsight.net

Practice Insight 835-ERA Enrollment Form (1 page)

Complete this form by entering the billing provider group information to include:
group name, group tax ID# and group NPI #.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not begin receiving ERAs within 20 business days after the request has been submitted, contact your support vendor for assistance.
Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department direct to check on status of enrollment.*



Send completed forms to Practice Insight
Email: enrollment@practiceinsight.net

835-ERA Provider Enrollment Form Please Allow 4-6 Weeks For Processing

Payer Information		
Payer Name:		Payer ID#:
New Request	Change Request	
Provider Information		
Billing Provider Name:		
Billing NPI:	Tax ID:	
Provider ID # (Applicable only if the payer has assigned this billing provider a unique provider ID #.)	Taxonomy Number:	
Telephone Number:	Fax Number:	
Primary Address:		
City:	State:	Zip:
Contact Information		
Contact Name:		
Telephone Number:	Email:	
EDI Information		
Support Vendor / Reseller:		EDI Cust #:
Receiver Name:	Practice Insight	