

ECHO HEALTH

Electronic Remittance Advice

ERA 835

ERA Enrollment Instructions:

- The billing provider must have an EDIinsight customer record.
- EDI enrollment applies to ERA only and is not necessary prior to sending claims.
- WITHIN EDIinsight-Enrollment Manager-
SELECT or **[ADD Payer Enrollment]** record for one of the ECHO payers.
- PRINT, SIGN, SCAN and SAVE the signed form to your PC so that you can ATTACH to enrollment record and SUBMIT the form to the EDIinsight Team.
- EDI enrollment processing timeframe is approximately 20-45 business days.
- To check status of EDI enrollment, EDIinsight Support Vendors can contact EDIinsight Enrollment.

835 Electronic Remittance Advice:

ECHO ANSI 835 Enrollment Form (1 page)

Complete the form as appropriate. This form is pre-printed to request "All Echo 835 ERA Payers" (Complete and submit this form ONCE per Tax ID to include all 835 payers offered by ECHO. You can refer to Echo Health ERA payer list on the NEXT page.)

SIGNATURE REQUIRED:

SEE bottom of form for box labeled, "Approval by person authorized to sign this doc..."
ENTER Printed Name, Title of Signer and Approval Date.
OBTAIN SIGNATURE.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - Enrollment Manager:
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**.

835-ERA Payer List		
ACS Benefit Services	Fresenius Medical Care Health Plan	Preferred Health Plan of the Carolinas
Aetna Senior Supplement	Gateway Health Plan Medicare	Pyramid Life Insurance Co.
Affinity Health Plan	Gateway Health Plan Medicare Assured OH	Pyramid Life Insurance Co.
Affinity Medicare & Medicaid Advantage	GemCare – Managed Care Systems	QualChoice
AFLAC of Georgia (Am. Family Life Assurance)	Global Care – Boulder Administration	Regence Group Administrators
AllCare	G.M.P. – Employers Retiree Trust	Renaissance Life/Health Ins Co America
Alliance Coal Health Plan	GMS, Inc.	ResourceOne Administrators
AltaMed	Group Health (GHI and GHI HMO) Emblem	Santa Clara Family Health Plan
AMA Insurance (Am. Medical Associates)	Health Cost Solutions	SCAN Health Plan
AmeraPlan	Health Partners - Pennsylvania	Select Health of South Carolina
American Healthcare Alliance	Healthcare Management Admin. HMA	Sentinel Security Life
American Progressive	HealthChoice Oklahoma, DSR, DOC	Significa Benefits Services
America's Choice Healthplan	HealthSCOPE Benefits	Simply Healthcare
Amerihealth Caritas	Healthscope – Community HA	South Central Preferred/Wellspan
Amerihealth New Hampshire	HealthSmart – All Plans	Standard Life and Accident Insurance Co.
AmFirst Insurance Co.	HIP New York (Emblem)	Symetra Life Ins. Co. Bellevue, WA
Atlantic Coast Life Ins.	HSBS Memphis	TriStar Benefit Administrators
Benefit Plan Administrators	InHealth Mutual of Ohio	Trusted Plans Services Corp.
Boulder Administration Services	Insurance Management Services	Trust Mark / Starmark
Capitol Administrators	INTEGRA Admin. Group	Union Pacific Railroad Employees
Caprock Health Plan	Keystone First Community Health Choice	University Care Advantage
CareMore Health Plans	Keystone First (aka Keystone Mercy HP)	University Family Care – Maricopa Health
CareNCare	Keystone First VIP Choices	USAA (United States Automobile Assoc.)
CareSource- All States	Liberty Dental Plan, Inc.	Valley Care IPA – Valley Care Select IPA
Catholic Life Insurance – United Financial	Lifestyle Health Plan – Medova Healthcare	Wabash Memorial Hospital Association
Central California Alliance for Health (CCAH)	Magellan Behavioral Health	WellMed
CHCS Services, Inc.	Managed Care Systems (MCS03)	William C. Earhart Company, Inc.
Coastal TPA Inc.	Maricopa Health Plan	
Community Care Alliance of Illinois	Marion Health Services - CHW	
Community Health Choice	Marrick Medical Finance	
ConnectiCare Commercial and Medicare Adv.	MCA Administrators, Inc.	
Constitution Life Insurance Co.	MercyCare	
Consumers Choice Health	Meritain Health	
CoreSource – All Plans	Mid-American Benefits, Inc.	
Corporate Benefit Services of America (CBSA)	Monitor Life Insurance Co. of New York	
Covenant Administrators, Inc.	Multiplan WI Preferred Provider Network	
Custom Design Benefits	Mutual Health Services	
Delano Regional Medical Group	Native Care Health	
Diversified Group Administration	Nippon Life Benefits	
EBC, Inc.	North American Administrators, Inc.	
EBSO Inc. - Expert Benefit Services	Ohio PPO Connect	
Employee Benefit Consultants	One Call Medical	
Employee Benefit Services, Inc. (EBSI)	Pan American Life Ins. Group	
EON Health	Pennsylvania's Preferred Health Networks	
Evolutions Healthcare Systems	Physicians Mutual Insurance Co.	
Family Health Network (IL)	Physicians of Southwest Washington	
First Choice VIP Care Plus	Pittman & Associates	
FMH Benefit Services - CoreSource	Polish Falcons of America	



Form Instructions:

- 1. For new enrollments only (for changes, contact ECHO at 440.835.3511 ext 106)
- 2. Requires Adobe® Reader® 7.x or greater
- 3. All fields are required, unless otherwise indicated
- 4. Print completed form, sign it, Fax or e-mail (secure recommended) to ECHO Health, Inc.

ECHO ANSI 835 Enrollment Form

Healthcare Service Provider

* Name _____

* Billing Address (number & street) _____

* City _____ * State/Prov Select * Zipcode _____ * Phone _____

* Tax ID Number

* Payer Name ALL ECHO 835 ERA PAYERS

* E-mail address _____ E-mail address 2 (optional) _____

* Do you use a clearinghouse? Yes No

If "yes," provide clearinghouse name: ClaimRemed

If "no," provide internal contact name: _____

* I will accept 1099s electronically Yes No

If "yes," send to e-mail address shown: _____

Approval by person authorized to sign this document (e.g., Provider Billing Supervisor)

* Approved By (print name): _____ * Title _____

* Healthcare Service Provider Name: _____

* Phone _____ * E-mail _____ * Approval Date (mm/dd/yyyy): _____

* Approver signature: _____

* Required field. Must be filled in.

Print

Reset