

Transamerica Life Insurance Company 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight 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 and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 10 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request.

835 Electronic Remittance Advice:

Complete and submit this form using the billing provider's group information.

Change Healthcare Remittance Form (1 page)

Complete the Provider Contact Information fields.

Submit to EDInsight Enrollment Team:

Within EDInsight - 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(s).

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.

| Payer Information | | | | | |
|---------------------------------|----------------|-----------------|-------------------------|---------------|----------|
| CPID | Payer ID | Payer | Type | Est Days | Multi CH |
| | | | | | |
| Special Enrollment Instructions | | | | | |
| | | | | | |
| Vendor Information | | | | | |
| Submitter ID | Submitter Name | | | | |
| | | | | | |
| Provider Information | | | | | |
| Tax ID | NPI | Provider Number | Name | | |
| | | | | | |
| Address | | | City | State | Zip |
| | | | | | |
| Contact Name | | | | Contact Phone | |
| | | | | | |
| Contact Email Address | | | | | |
| | | | | | |
| Confirmation Addresses | | | | | |
| Primary Email Address | | | Secondary Email Address | | |
| | | | | | |
| ERA Receiver | | | | | |
| Distribution Detail | | | | | |
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