
**CNIC Health Solutions (37227)
Enrollment Instructions –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.

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

EFT (Electronic Funds Transfer)

This payer requires EFT setup BEFORE the provider can be setup for 835 ERAs.

--If the provider IS ALREADY RECEIVING EFT payments from this payer- SKIP DOWN to "ERAs (835)..."

--If the provider is NOT already enrolled and receiving EFT payments from this payer-

The provider can complete EFT enrollment at [http://www.emdeon.com/epayment/.](http://www.emdeon.com/epayment/)

Click on ENROLL NOW within the dark green box "connect to SPECIFIC Payers in EMDEON Network" on the right hand side and complete the EFT Contact Request Form. This form is an e-sign document and you will receive an email that must be verified. This takes 7-10 Business days to process and then you will receive a welcome kit with a registration code. You must then create a user for PSR per the instructions included in the welcome kit. You will need to select the payer id 37227 CNIC Health Solutions and add your banking information. Once completed you should receive a test deposit of \$1.00 or less. The total turnaround timeframe for this is step is 25-30 Business Days. For questions regarding EFT call 866-506-2830 #1.

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].

COMPLETE ONLINE FORM by entering the billing provider's group information.

Once saved, the enrollment record will be "Submitted to PI" to be processed

-Or- **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 4-6 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 30 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

Payer Information		
Payer Name:		Payer ID#:
		Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) Select One: Tax Identification Number (TIN): National Provider Identifier (NPI):
New Request:	Change Request:	
Provider Information		
Billing Provider Name:		
Billing NPI:		Tax ID:
Telephone Number:		Fax Number:
Primary Address:		
City:	State:	Zip:
Billing Address (if diff from primary):		
City:	State:	Zip:
Contact Information		
Contact Name:		
Telephone Number:		Email:
EDI Information		
Support Vendor / Reseller:		EDI Cust #:
Receiver Name:	Practice Insight	

Please Allow 4-6 Weeks For Processing