

CareCentrix 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 45 days.
- ATTENTION: After you complete your ERA or ERA/EFT enrollment, the payer will reach out to the contact listed during either enrollment process to complete testing. You must complete testing before you can receive ERAs.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request. Or, contact CareCentrix at 877-725-6525 or send email inquiry to ERAITEnrollment@CareCentrix.com.

835 Electronic Remittance Advice:

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

CareCentrix ERA Enrollment Form (1 page)

In the '**Change or Add a New ERA**' section, select '**Setup a new ERA account**' if you have never received ERAs from this payer. Select '**Add a new Billing Provider**' if you are changing clearinghouses.

Input the Remit Address where indicated.

Provider must print name and sign where indicated.

Check the box in Section 4 if you are enrolling more than one provider and list the additional NPIs in the '**Rendering NPI(s)**' section.

Electronic Funds Transfer (EFT) is optional with this payer. If you wish to setup EFT with this payer, you must send a secure email to ERAITEnrollment@CareCentrix.com with the following information: Voided Check, Provider Name, Provider Address, TIN, Bank Name, Bank Address, Contact/Approved Signer, and Email Address.

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.

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.



ERA ENROLLMENT FORM

1	Change or Add a New ERA <i>(Please Select only one option from below)</i>					
Add a new ERA			Change an Existing ERA			
<input type="checkbox"/> Setup a new ERA account			<input type="checkbox"/> Add New Billing Provider			
<input type="checkbox"/> Delete my ERA account			<input type="checkbox"/> Remove Existing Billing Provider			
2	Provider Organization					
Organization Name						
Location Address	Street					
	City		State		Zip	
Billing Tax ID		Billing NPI				
Rendering NPI (s)						
Remit Address	Street					
	City		State		Zip	
Provider Name		Signature <small>(add electronic signature)</small>				
Contact Name		Title				
Contact Email						
Contact phone		Ext				
3	Distribution Method					
Please indicate the EDI Clearinghouse Name						
4	Billing Providers					
<input type="checkbox"/> Please Check if adding more than one provider.						

- Complete and submit the ERA enrollment form to the below email address:
ERAITenrollment@CareCentrix.com
- All the fields of the form are mandatory.
- The enrollment form must be signed by an authorized personnel.