
Contra Costa Health Plan 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight 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, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDIinsight Enrollment Team using EDIinsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request or contact Availability at 1-800-282-4548
- ERA enrollment is required to receive ERAs from this payer.
- Once the payer receives the form, they will reach out to the enrollment contact for testing and financial institution verification.

835 Electronic Remittance Advice:

1. Provider Direct Deposit Authorization Agreement (1 page)

Note: Payer requires current W-9 form be on file for the Billing Provider. If your W-9 form on file with payer is older than a few years, please include copy of current W-9 form to submit to the payer,
Complete all applicable fields.

In the EFT Enrollment section, select if this is a 'New Enrollment' or a 'Change/Add Enrollment Information.'
Complete the Depository Information section by checking if you will be using a 'Business Checking Account' or a 'Business Savings Account. Fill in Financial Institution name, routing number, account number, and address.

You must include a voided check or canceled deposit slip with the agreement in order to be setup with EFT.

Provider or Authorized Person must print name, date, email and sign where indicated on Page 1.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - 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.

Provider Direct Deposit Authorization Agreement



Contra Costa Health Plan (CCHP) is improving its services by offering to replace paper checks and Explanation of Benefits (EOBs) with Electronic Payments and Benefit Statements. Please use this form to enroll your vendor and/or provider data; complete all fields and fax to 925-957-5101 or email to EDISupport@cchealth.org.

After CCHP is in receipt of the enrollment application, additional instructions for testing and financial institution verification will be provided. Please allow 4-6 weeks before receipt of electronic deposits.

Check One: EFT Enrollment

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change/Add Enrollment information	<input type="checkbox"/> Cancel/Discontinue
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Provider Information

Provider Name (legal):			
Address:			
City, State, Zip:		Telephone#:	

Provider Identification

TIN# or EIN#:		NPI#:	
Fax#: (to receive EOB report)	Clearinghouse:		

Check One: Depository Information

<input type="checkbox"/> Business Checking Account	<input type="checkbox"/> Business Savings Account	
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Financial Institution Name:			
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Routing Number (9 digits):									
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Account# (up to 14 digits):													
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Address:			
City, State, Zip:		Telephone#:	

[[please attach a "canceled check" or "canceled savings deposit slip" to this signed enrollment form]]

Authorization

The undersigned hereby certifies that the information provided is true and accurate in all respects and that he/she is duly authorized to execute this agreement on behalf of the above listed organization.

Authorizer Name (printed):			
Signature:			
Date			
Enrollment Confirmation Email:			
Telephone#:			

For internal use only

CCHP Vendor#:		Incident Ticket#:	
CCHP Processed By:		Auditor's Setup By:	
Date:		Date:	