Family Health Partners (31472, 43173)
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. **Enrollment Manager:** PI Support Vendors can submit request using this tool.

B. **Email:** enrollment@practiceinsight.net

835-ERAs **NEW** **or** **CHANGE OF SERVICE**

Practice Insight 835-ERA Provider Enrollment Form (1 page)

ENTER the billing provider's information.
Be sure to include the **ERA Effective Date**.

REQUIRED: SEE Payer ID # and ENTER payer ID #s **31472** or **43173**.

ALLOW 4-6 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 45 business days, contact your Practice Insight Support Vendor for assistance.

Send completed forms to Practice Insight
Email: enrollment@practiceinsight.net

835-ERA Provider Enrollment Form

Payer Information

Payer Name: FAMILY HEALTH PARTNERS		Payer ID#:	Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) Select One:
New Request: ☐	Change Request: ☐		Tax Identification Number (TIN): ☐
ERA Effective Date:			National Provider Identifier (NPI): ☐

Provider Information

Billing Provider Name:		
Billing NPI:	Tax ID:	
Telephone Number:	Fax Number:	
Billing Address:		
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