

Health Alliance Plan of Michigan 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, SIGN 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 30 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 enrollment using the billing provider's group information.

1. HAP Electronic Remittance Advice (835) Request Form (1 page)

Enter your Vendor ID where indicated.

Check Yes or No to indicate if paper remits can be discontinued once ERA is received.

The Individual completing the form must enter date, name, title, email, phone, and sign where indicated.

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.



Health Alliance Plan of Michigan
Electronic Remittance Advice (835) Request
Name of Trading Partner _____

NPI _____

Tax ID _____

Vendor number can be found in the upper
left corner of the paper remittance.

Vendor ID _____

Provider Name _____

Address _____

City _____ State _____ Zip _____

Can paper remittance be discontinued once Electronic Remittance Advice is
received? Yes No

Signature _____

Date _____

Name _____

Title _____

Email _____

Phone _____