

Health Net- Capitated Encounters (HN007) Enrollment Instructions –CLAIMS ONLY

Note: This payer is NOT the same as Health Net Encounters – FFS (95570)
There is NO EDI enrollment requirement for Health Net Encounters “Fee for Service” payer.
There is a PI form for this payer with instructions

- ✓ **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 customer account 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

837- CLAIMS 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 to PI].
COMPLETE ONLINE FORM, then CLICK [Submit Enrollment].

-Or-

EMAIL TO enrollment@practiceinsight.net

Practice Insight 837-CLAIMS Enrollment Form
Complete this form by entering the billing provider group information to include:
group name, group tax ID# and group NPI #.

ALLOW 1-2 WEEKS FOR PROCESSING

If you do not receive confirmation within 10 business days, contact your Practice Insight 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

837 Claims Provider Enrollment Form Please Allow 4-6 Weeks For Processing

Payer Information		
Payer Name:		Payer ID#:
New Request	Change Request	
Provider Information		
Billing Provider Name:		
Billing NPI:	Tax ID:	
Telephone Number:	Fax Number:	
Primary Address:		
City:	State:	Zip:
Contact Information		
Contact Name:		
Telephone Number:	Email:	
EDI Information		
Support Vendor / Reseller:		EDI Cust #:
Receiver Name:	Practice Insight	