

Highmark DE Health Options 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 20 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request.

835 Electronic Remittance Advice:

Complete and submit these form(s) using the billing provider's group information.

1. CHC Remittance Form (1 page)

VERIFY/ENTER provider's group information. ENTER billing provider's Contact Name, Phone and Email

Submit to EDIinsight Enrollment Team:

Within EDIinsight - Enrollment Manager:

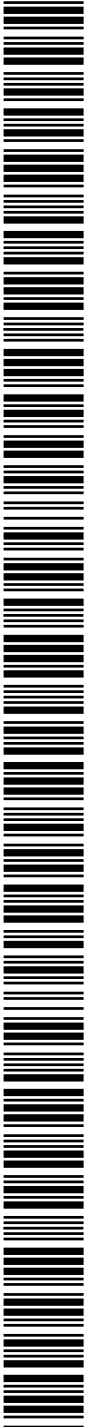
GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form(s).

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.



Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
7148	47181	GATEWAY HEALTH PLAN - HIGHMARK HEALTH OPTIONS	Professional	5	No
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
611340767	ZirMed Inc				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
pi-enrollment@waystar.com					
ERA Receiver					
Distribution Detail					
zirmed01					

For Change Healthcare use only



Email