
John Muir/Tapestry 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Once completed, save, print and obtain appropriate signature(s).
- Complete a set of documents for **each billing NPI provider number**.
- Signatures must be that of the provider or a member of the group.
- **All Signatures must be in BLUE ink.**
- Enrollment timeframe is approximately **4 weeks**.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the EDI setup request.

835 Electronic Remittance Advice: John Muir Health Electronic Remittance Advice Agreement

Enter the date at the top of the page.

Complete the Provider Contact Information fields.

Provider or Authorized Individual must sign the agreement where indicated.

Submit Completed Documents:

BEFORE mailing the Original, Completed document to Waystar

--SAVE copy of the completed form pages to your PC.

WITHIN EDIinsight- Enrollment Manager-

--ADD or LOCATE Payer Enrollment Record

--SELECT record, CLICK **[ATTACH File]** to attach copy of completed document (payer enrollment form) to the record.

CLICK **[ADD Action Taken]**, SELECT- Enrollment Forms Mailed to Enrollment

Mail all pages of completed documents containing original **BLUE** signatures to the clearinghouse for our signature. We will forward onto John Muir:

Waystar Enrollment Department

888 W. Market St.

Louisville, KY 40202



John Muir Physician Network
1450 Treat Blvd., Suite 350
Walnut Creek, CA 94597

John Muir Physician Network

Date: _____

RE: Option to Receive Electronic Remittance Advice - **Zirmed**

Dear Provider:

Thank you for choosing the electronic method for submission of your healthcare claims for Physician Network HMO patients. We are happy to inform you that you now have the option to receive electronic Remittance Advice (RAs) for your Physician Network HMO claims (i.e., 835 RA transactions through **Zirmed** as your clearinghouse). We have completed testing of 835 Remittance Advice transactions with **Zirmed** and would like to invite you and your practice to begin receiving electronic RAs for these claims. Please sign below to acknowledge you wish to sign up for 835 Remittance Advice and return to us so we can initiate the process. Once we have you set up to receive electronic RAs, we will continue to provide you with the paper RA for a 30 day period, so you can be sure the process of posting your claims electronically via the 835 is working to your satisfaction.

YES, I want to begin receiving electronic RAs for my Physician Network HMO claims:

Physician/Group Practice Name: _____

Physician/Group Practice representative Contact Info (Name, Phone, Email): _____

NPI: _____ Tax ID: _____

Signature: _____

This agreement must contain an original signature. A faxed copy will not be accepted, therefore this must be mailed to:

John Muir Physician Network
Attn: EDI Configuration Dept.
P. O. Box 5107
Walnut Creek, CA 94596

Please call our Customer Service Department if you have any questions regarding this letter, at (925) 952-2887.

Sincerely,
JMPN EDI Claims Analyst