
**John Alden Life Ins Co (41099)
Non-Par Payer
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. **Paperless**
PRACTICE INSIGHT ENROLLMENT MANAGER.
PI Support Vendors can submit using paperless method.
- B. Email: enrollment@practiceinsight.net

ERAs (835) 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. Emdeon Change of Vendor Letter. See template. (1 page)

IMPORTANT: This letter must be printed on the provider/site's letterhead and contain all information listed in the template. Authorized Signature Required.

SELECT Enrollment Record, CLICK [ATTACH File] to attach "Change of Vendor Letter."

Step 3. SELECT Enrollment Record, Click [SUBMIT Enrollment].

COMPLETE ONLINE FORM by entering the billing provider's group information.

Once saved, the enrollment record will be "**Submitted to PI**" to be processed.

-Or-

EMAIL TO enrollment@practiceinsight.net**1. Practice Insight 835-ERA Enrollment Form (1 page)**

Complete this form by entering the billing provider group information such as group name, group tax ID# and group NPI #.

2. Emdeon Change of Vendor Letter. See template. (1 page)

IMPORTANT: The letter must be printed on the provider/site's letterhead and contain all information listed in the template. Authorized Signature Required.

ALLOW 4-6 WEEKS FOR PROCESSING

*If you do not begin receiving ERAs within 30 business days after the request has been submitted, contact your 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

835-ERA Provider Enrollment Form

Payer Information		
Payer Name:		Payer ID#:
		Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) Select One: Tax Identification Number (TIN): National Provider Identifier (NPI):
New Request:	Change Request:	
Provider Information		
Billing Provider Name:		
Billing NPI:		Tax ID:
Telephone Number:		Fax Number:
Primary Address:		
City:	State:	Zip:
Billing Address (if diff from primary):		
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

Emdeon Enrollment Department
Attn: Enrollment Department – ERA Set Up
batchenrollment@emdeon.com
Fax: 615.885.3713

Dear Emdeon

Currently, I am receiving my Electronic Remittance Advice through

I would like to start receiving my Electronic Remittance Advice through Emdeon Corporation using

This change request will also include ALL PROVIDERS associated with this tax ID.

Please carry over all payers associated with the below tax id.

Please move only the payers listed on the attached ERA PSF.

Please accept this letter as my request to change vendors. Following is specific information regarding my practice:

Name:

Practice:

Address:

Phone #:

Contact:

Email:

Tax Id:

Sincerely,

Signature Required on COV Letter

Printed Name

Title