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**Maryland Physicians Care (00247)  
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 customer account setup.

**CHOOSE ONE METHOD- to submit to Practice Insight**

- A. Enrollment Manager:** PI Support Vendors can submit request directly into Enrollment Manager Tool.
- B. Email:** Send all forms via email to- [enrollment@practiceinsight.net](mailto:enrollment@practiceinsight.net)

**ERAs (835) NEW or CHANGE OF SERVICE**

**IMPORTANT:** The billing provider must be setup and receiving EFT from this payer **BEFORE** completing ERA request. The EFT enrollment form is available at <http://www.marylandphysicianscare.com/assets/pdf/providers/Forms/EFT%20Enrollment.pdf> .

**1. Practice Insight 835-ERA (1 page)**

Complete this form using the billing provider's group information.

**2. Maryland Physicians Care Electronic Remittance Advice (ERA) Authorization Agreement (2 pages)**

Complete this form using the billing provider's group information.

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**ALLOW 4-6 WEEKS FOR PROCESSING**

*If you do not begin receiving ERAs within 45 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](mailto:enrollment@practiceinsight.net)

### 835-ERA Provider Enrollment Form

Payer Information		
Payer Name:		Payer ID#:
New Request	Change Request	
Provider Information		
Billing Provider Name:		
Billing NPI:	Tax ID:	
Provider ID # (Applicable only if the payer has assigned this billing provider a unique provider ID #.)	Taxonomy Number:	
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	

**Please Allow 4-6 Weeks For Processing**

**Electronic Remittance Advice (ERA) Authorization Agreement**

Page 2 – Definitions for DEG group data elements contained in Appendix.

<b>DEG1</b>		<b>PROVIDER INFORMATION</b>									
Provider Name											
Doing Business As Name (DBA)											
Provider Address Street											
City											
State/Province											
Zip Code/Postal Code											
<b>DEG2</b>		<b>PROVIDER IDENTIFIERS INFORMATION</b>									
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)											
National Provider Identifier (NPI)											
<b>DEG3</b>		<b>PROVIDER CONTACT INFORMATION</b>									
Provider Contact Name											
Telephone Number											
Email Address											
Fax Number											
<b>DEG7</b>		<b>ELECTRONIC REMITTANCE ADVICE INFORMATION</b>									
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below											
Provider Tax Identification Number (TIN)											
National Provider Identifier (NPI)											
Method of Retrieval											
<b>DEG8</b>		<b>ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION</b>									
Clearinghouse Name											
Clearinghouse Contact Name											
Telephone Number											
Email Address											
<b>DEG10</b>		<b>SUBMISSION INFORMATION</b>									
Reasons For Submission – Select from below											
<input type="checkbox"/> <b>New Enrollment</b> <input type="checkbox"/> <b>Change Enrollment</b> <input type="checkbox"/> <b>Cancel Enrollment</b>											

**Electronic Remittance Advice (ERA) Authorization Agreement**

Page 3 – Definitions for DEG group data elements contained in Appendix.

**Authorized Signature**

Written Signature of Person  
Submitting Enrollment

Printed Name of Person  
Submitting Enrollment

Printed Title of Person  
Submitting Enrollment

**Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.**

**Authorization Agreement**

**Electronic Remittance Advice (ERA)**

An ERA is an electronic version of a payment explanation of benefits (EOB) explaining claims payment or denial.

This authorization is to remain in effect until Maryland Physicians Care has received an ERA cancellation notification from me that affords Maryland Physicians Care a reasonable opportunity to act on it. Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.