
Med3000 CMS Title 21 (M3F14) 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. **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

- Practice Insight 835-ERA Enrollment Form (1 page)**
Complete this form by entering the billing provider group information to include:
group name, group tax ID# and group NPI #.
- 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.

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

835-ERA 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:	
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	

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,

Printed Name

Title