



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
06/17/2016 (IE/NF)

OptumHealth Physical Health (41161) Enrollment Instructions – Professional and ERA

- ✓ **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

Paperless Method (No Form Required)

Within EDInsight→Enrollment Manager, [ADD Payer Enrollment] for this payer.
Select Enrollment Record, Click [SUBMIT Enrollment].
Complete the online form by entering the billing provider's group information.
Once saved, the enrollment record will be "**Submitted to PI**" to be processed.

-OR-

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 #. This form can be emailed to -enrollment@practiceinsight.net.

ALLOW 2-4 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 20 business days, contact your Practice Insight Support Vendor for assistance, or Resellers may contact Practice Insight, Enrollment Department for assistance.



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):
New Request:	Change Request:	National Provider Identifier (NPI):
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