Practice Insight®

Rev Date 09/29/2021
Rev Type NPF

Commercial ERA Payer	**SCAN HEALTH PLAN - CA (SCAN1)** **Enrollment Instructions – ERA**
Payer Info	This payer sends confirmation when ERA setup is approved. **Yes** ✓ **No** Once ERAs begin coming in, this serves as confirmation of the 835 ERA setup. **Note: This payer does not guarantee an ERA will be generated for all payments.**
Checklist of Requirements	✓ The billing provider must have a Practice Insight EDI customer account number.
How and Where to Submit this Request	**Submit to EDIinsight Enrollment Team:** Within EDIinsight - Enrollment Manager: GO TO or **[ADD Payer Enrollment]** record for this payer. SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form(s). IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]** ENTER any notes (optional) CLICK to **"Save and Exit"** notes window.
Steps / Instructions for completing request.	**Scan Health Plan 835 Enrollment Request (1 page)** Complete this form by using the Billing Providers Group Information. Authorized signature is required.
Estimated Time of Completion	**Allow 4 Weeks for ERA setup to be completed by the payer.**
Contact Info to Follow Up or Make Inquiries	The provider may follow up with the payer direct at ESupport@scanhealthplan.com Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department to check on status of enrollment after 45 days. When contacting Practice Insight please make sure a copy of the payer form that was submitted is attached to enrollment record within EDIinsight Enrollment Manager.

835 ENROLLMENT REQUEST

By completing this form, you are enrolling for the receipt of an electronic remittance advice (ERA)/835.

1. SUBMISSION INFORMATION

Reason For Submission:

☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

2. PROVIDER INFORMATION

Provider Name		
Provider Street Address		
City	State/Province	Zip Code

3. PROVIDER IDENTIFIERS INFORMATION

Federal Tax Identification Number (TIN)	
National Provider Identifier (NPI)	SCAN Provider Number

4. PROVIDER CONTACT INFORMATION

Contact Name	Title	
Telephone Number	Email Address	Fax Number

5. ERA CLEARINGHOUSE INFORMATION

Office Ally Username **pinsight**

Clearinghouse Used For Submitting SCAN Electronic Claims: **Practice Insight (Office Ally)**

Discontinue Paper Remittance Advice

☐ Yes ☐ No

6. ELECTRONIC FUNDS TRANSFER (EFT)

Please Contact Me Regarding EFT

☐ Yes ☐ No

7. SIGNATURE

Authorized Signature	Date