

Commercial ERA Payer	Enrollment Instructions – ERA
Payer Info	<p>This payer sends confirmation when ERA setup is approved. Yes ✓ No</p> <p>Once ERAs begin coming in, this serves as confirmation of the 835 ERA setup.</p> <p>Note: This payer does not guarantee an ERA will be generated for all payments.</p>
Checklist of Requirements	
How and Where to Submit this Request	<p>SUBMIT To- Practice Insight</p> <p>LOG INTO EDInsight® GO TO [Search Tools] → [Enrollment] ADD or LOCATE, then SELECT payer enrollment record. CLICK [ATTACH File] to attach completed form to the record. CLICK [SUBMIT Enrollment to PI] to assign to Practice Insight for processing.</p>
Steps / Instructions for completing request.	
Estimated Time of Completion	
Contact Info to Follow Up or Make Inquiries	<p>Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department to check on status of enrollment after 45 days. Please confirm this provider is currently submitting claims to this payer, and has received a payment from this payer within the last 14 days. You may be asked to provide recent payment information which includes, check date, check number and check amount.</p>

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

Electronic Remittance Advice (ERA) Authorization Agreement

Page 1 – Definitions for DEG group data elements contained in Appendix.

DEG1		PROVIDER INFORMATION									
Provider Name											
Doing Business As Name (DBA)											
Provider Address Street											
City											
State/Province											
Zip Code/Postal Code											
DEG2		PROVIDER IDENTIFIERS INFORMATION									
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)											
National Provider Identifier (NPI)											
DEG3		PROVIDER CONTACT INFORMATION									
Provider Contact Name											
Telephone Number											
Email Address											
Fax Number											
DEG7		ELECTRONIC REMITTANCE ADVICE INFORMATION									
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		CLEARINGHOUSE									
DEG8		ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION									
Clearinghouse Name		CHANGE HEALTHCARE									
Clearinghouse Contact Name		ENROLLMENT HELP DESK									
Telephone Number		866-924-4634									
Email Address		payerregistration@changehealthcare.com									
DEG10		SUBMISSION INFORMATION									
Reasons For Submission – Select from below											
<input checked="" type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment											



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Page 2 – 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