Practice Insight®

Rev Date 09/22/2020

Rev Type NPF

Commercial ERA Payer	**SEQUOIA HEALTH IPA (AGL01)** **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.
Checklist of Requirements	✓ Provider must be submitting claims via our Clearinghouse Connection. ✓ The billing provider must have a Practice Insight EDI customer account number with billing provider Name, Tax ID and NPI. ✓ Office Ally ERA Transfer Letter is required if this request is to **"CHANGE"** ERA setup.
Information needed to enter this paperless request into Enrollment Manager.	Billing Provider Tax ID Billing Provider NPI Enrollment ○ New Enrollment ○ Changing Clearinghouse Request ERAs for ○ Entire Tax ID ○ Just this NPI Provider Contact Name Contact Phone Provider Contact Email
How and Where to Submit this Request.	**SUBMIT To- Practice Insight** ***Paperless*** LOG INTO EDIinsight® GO TO **[Search Tools] → [Enrollment]** ADD or LOCATE, then SELECT payer enrollment record CLICK **[SUBMIT Enrollment to PI]** COMPLETE Online form, CLICK **[SUBMIT Enrollment]** **FOR "CHANGE" REQUEST ONLY:** **Office Ally ERA Transfer Letter (SEE template on next page.)** PRINT letter on letterhead, OBTAIN signature, ATTACH copy to the record. CLICK **[ATTACH File]** to attach copy of the letter to the enrollment record.
Estimated Time of Completion	**Allow 2-4 Weeks for ERA setup to be completed by the payer.**
Contact Info to Follow Up or Make Inquiries	Contact your EDI support vendor for assistance. Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department to check status of enrollment after 45 days.

RE: ERA Transfer Letter *(Must be printed on Provider/Group/Company/Practice Letterhead)*

To Whom It May Concern:

I hereby authorize Office Ally to link any and all 835s/ERAs for the **Provider/Group** listed below, having the **Tax ID** and/or **NPI** below, to the **Username/Clearinghouse** listed below:

Provider/Group Name: ____

Tax ID: ___________________________

NPI: ___________________________

ERAs to be linked to: pinsight / Practice Insight 161622439

(MUST BE ADMIN/PARENT USERNAME, NOT _SA ACCOUNT)

Email Address: pi-enrollment@esolutionsinc.com

(List email address for confirmation of approval+transfer or denial)

Please move all ERAs over to this new account as of this date: ________________

NOTE: *If you want us to transfer old ERAs to the new username, please list the date to go back to above.*

By signing below, I certify that I am an authorized individual for the Provider/Group, Tax ID(s) and NPI(s) listed above and that I am authorized to sign on their behalf.

____

Authorized Individual's Signature

handwritten signature required
Office Ally will not accept digital or electronic signature

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Printed Name of Authorized Individual

Title of Authorized Individual (circle one): **Owner, Co-Owner, CEO, CIO, CFO, COO, President, Vice President, Director, Executive Director, Interim Director, Provost or Administrator.**

Please note: the main reasons for denial is lack of letterhead, a missing or lack of *HAND WRITTEN* signature and an invalid title of authorized individual. Please be aware of this to prevent denial of transfer letter.