

Sharp Health Plan 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDIinsight Enrollment Team using EDIinsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request.

835 Electronic Remittance Advice:

Complete and submit this enrollment using the billing provider's group information.

Sharp Health Plan EDI ERA Enrollment Form (1 page)

Enter the Submission Date, Reason for Submission, and Expected Monthly Volume at the top of the page.
Under the '**Provider Information**' section, enter your Specialty.
Complete the '**Office Information**' section.
Provider Authorized Contact needs to enter Title and Sign at the bottom of the page.

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.

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.



Electronic Data Interchange (EDI)/Electronic Remittance Advice (ERA) Enrollment Form

1. Submission Date: _____ 2. Reason for Submission: _____
3. Expected Monthly Volume: _____

Provider Information

4. Provider Name			
5. Specialty			
6. Provider Tax ID		8. Back-up Name	
7. Provider NPI		9. Back-up NPI	

Clearinghouse/Trading Partner Information

10. Name			
11. Assigning Authority		12. Trading Partner ID	

Remittance Address Information - Must match EFT preference

13. Payment Address			
14. City, State, Zip			
15. Phone No.		16. Fax No.	

Office Information

17. Contact Name		20. Address	
18. Email		21. City, State, Zip	
19. Phone No.		22. Fax No.	

Claim Contact Information (if different from Office Info)

23. Claim Contact		25. Phone No.	
24. Email		26. Fax No.	

Billing Company Information (if applicable)

27. Billing Co.		29. Contact	
28. Phone No.		30. Email	

31. Signature _____

32. Title _____

Please submit completed form to:

Email: SHP.EDISupport@sharp.com

Fax: 858-499-8393

Mailing: Sharp Health Plan, Attn: EDI Dept, 8520 Tech Way Ste 200, San Diego, CA 92123

Questions: Please call 858-499-8378