

Health Choice Utah 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight 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 EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 10 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request. Or, the provider may contact the payer at edi@healthchoiceutah.com.
- EFT enrollment is required to enroll for ERAs.
- You must include a voided check or bank letter with your completed form.
- If you have never submitted a claim to Health Choice Utah, you must also include a W9.

835 Electronic Remittance Advice:

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

1. Health Choice Utah- EDI Form (3 pages)

Under the '**Provider Billing Contact Information**' section on Page 1, complete all fields.

Complete all fields under the '**Financial Institution Information**' section on Page 2.

Under the '**Submission Information**' section on Page 3, indicate if this is a **New Enrollment** or a **Change Enrollment**.

Indicate whether you included a voided check or bank letter under the '**Submission Information**' section on Page 3.

Provider or Authorized Person must print name, title, submission date, requested EFT/ERA dates, and sign where indicated on Page 3.

Submit to EDInsight Enrollment Team:

Within EDInsight - 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.



Health Choice Utah – EDI Form
835 (ERA) and Electronic Funds Transfer (EFT)

PROVIDER INFORMATION

Provider Name: _____

Provider Address: _____

PROVIDER IDENTIFIERS INFORMATION

Provider Identifiers

Tax ID (TIN): _____ National Provider Identifier (NPI): _____

Other Identifier(s)

Trading Partner ID: _____

PROVIDER BILLING CONTACT INFORMATION

Provider Contact Name: _____ Title: _____

Telephone Number: _____ Telephone Number Extension _____

E-mail Address: _____ Fax Number: _____

_____ Check if you want to ONLY submit claims electronically and you do not want to be set up on ERA and EFT.

If you do want ERA and EFT with Health Choice Utah, please fill out the rest of the form.

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name: _____

Clearinghouse Contact Name: _____

Telephone Number: _____ Telephone Number Extension _____

Email Address: _____

ELECTRONIC REMITTANCE ADVICE SOFTWARE/VENDOR INFORMATION

Software/ Vendor Name: _____

Software/Vendor Contact Name: _____

Telephone Number: _____ Email Address: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Telephone Number: _____ Telephone Number Extension _____

Financial Institution Routing Number: _____

Type of Account at Financial Institution: Checking Only _____

Provider's Account Number with Financial Institution: _____

SUBMISSION INFORMATION

Reason for Submission: _____New Enrollment, Change Enrollment, Cancel Enrollment_____

Include with Enrollment Submission: Voided Check or Bank Letter_____

Authorized Signature:_____

Printed Title of Person Submitting Enrollment:_____

Submission Date:_____

Requested EFT Start/Change/Cancel Date:_____

Requested ERA Start/Change/Cancel Date:_____

***Health Choice Utah can only send EFT to checking accounts that are linked to an ERA.**

EFT request form authorizes Health Choice Utah to deposit funds for claims payment directly into a vendor's bank account. This request form also allows for reversal of payments that were made in error. This authority is to remain in full force and effect until Health Choice Utah has received written notification from the vendor of its termination in such time and manner as to afford Health Choice Utah a reasonable opportunity to act on it.

*Please send completed form to: EDI Department, Health Choice Utah,
fax #801-646-7207 or email: EDI@healthchoiceutah.com*

EDI Enrollment questions to: EDI Department: EDI@healthchoiceutah.com

EDI participation is not an indication of contracting status. To verify contracting status, please contact customer service at 1-877-358-8797

Please include a W9 if you have never submitted a claim to Health Choice Utah.