

PEHP Public Employees Health 837 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- Support Vendors may contact the EDIinsight Enrollment Department for assistance.
- The Provider address for this payer must NOT be a P.O. Box.
- This payer requires rendering provider information for the billing provider you are enrolling. Please provide the rendering provider information on the next page. You MUST return both pages to EDIinsight.
- Providers (group and/or rendering) must be registered prior to EDI enrollment.
- The payer can only setup providers for EITHER professional or institutional claims in their system, but NOT both. If an enrollment is submitted for both claim types, the payer will setup the last enrollment received.
- PLEASE NOTE: PEHP is currently experiencing longer than normal processing times. Please allow up to 90 business days for your enrollment to be completed.

837 Electronic Claims Transactions and 835 Electronic Remittance Advice:

The following information is needed to enter the enrollment into Enrollment Manager.

Billing Group/Provider Name:			
Provider Street Address:			
Provider City, State and Zip			
NPI:			
Tax ID:			
Name of Contact:			
Contact Phone Number:			
Contact Email Address:			
Enrollment:	<input type="radio"/> New Enrollment <input type="radio"/> Change Clearinghouse		

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 (this page and next page) 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.

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EDI Enrollment Instructions:

- This payer requires rendering provider information for the billing provider you are enrolling. Please provide the rendering provider information below. If you need additional space, please provide an additional attachment with the rendering provider information.

Rendering Provider Name: _____

Rendering Provider NPI: _____

Rendering Provider Name: _____

Rendering Provider NPI: _____

Rendering Provider Name: _____

Rendering Provider NPI: _____

Rendering Provider Name: _____

Rendering Provider NPI: _____

Rendering Provider Name: _____

Rendering Provider NPI: _____

Rendering Provider Name: _____

Rendering Provider NPI: _____

Rendering Provider Name: _____

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