

Government Payer(s)	Tricare East Region (TREST) Tricare for Life (TDFIC) Tricare Overseas (FOREN) Enrollment Instructions- Claims			
Payer Info	<p>This payer allows the provider to be linked to more than one clearinghouse for submission of electronic claims. ✓ Yes No</p> <p>This payer sends confirmation when EDI enrollment is approved. ✓ Yes No</p>			
Checklist of Requirements	<p>✓ The billing provider must have a Practice Insight EDI customer account number.</p>			
How and Where to Submit this Request	<ul style="list-style-type: none"> ➤ The billing provider must COMPLETE and SUBMIT ONLINE with WPS (See steps below.) ➤ After submitting the ONLINE enrollment. LOG INTO EDIinsight, GO TO- Enrollment Manager... LOCATE and SELECT the payer enrollment record, click [ADD Action Taken], SELECT "Enrolled on payer website", enter note (optional). This will advance the status of the enrollment record to COMPLETED. 			
Steps / Instructions for completing request	<ol style="list-style-type: none"> 1. GO TO https://edi.wpsic.com/edir/Provider (Use Mozilla FireFox or Google Chrome) SEE WPS Health Solutions EDI Express Enrollment 2. CLICK to SELECT specific Electronic Transaction Type to enroll for. EDI [5010 837 Institutional Claim Inbound (UB-04)] [5010 837 Professional Claim Inbound (CMS 1500)] 3. REPEAT THESE STEPS to enroll for each Transaction Type. SEE Clearinghouse/Billing Agency Trading Partner ID ENTER 98002 CLICK [Validate] SEE Insurance & Benefits SCROLL DOWN and CLICK [Tricare for Life] or [Tricare East] or [Tricare Overseas] SEE Mock Agreements Review sample mock ageements CLICK [Continue] <p>SEE Healthcare Provider Information ENTER Billing Provider's Contact Information ENTER Practice Insight's Clearinghouse Information using the data shown below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> CONTACT INFORMATION ENTER Contact First Name ENTER Contact Last Name ENTER Contact Job Title ENTER Ext (ok to leave blank) ENTER Contact E-mail Address </td> <td style="width: 50%; vertical-align: top;"> CLEARINGHOUSE INFORMATION Clearinghouse Company Name Clearinghouse Contact First Name Clearinghouse Contact Last Name Clearinghouse Contact Phone Number Clearinghouse Ext (ok to leave blank) </td> <td style="width: 10%; vertical-align: top; padding-left: 20px;"> Practice Insight Enrollment Department 713333600 More... </td> </tr> </table>	CONTACT INFORMATION ENTER Contact First Name ENTER Contact Last Name ENTER Contact Job Title ENTER Ext (ok to leave blank) ENTER Contact E-mail Address	CLEARINGHOUSE INFORMATION Clearinghouse Company Name Clearinghouse Contact First Name Clearinghouse Contact Last Name Clearinghouse Contact Phone Number Clearinghouse Ext (ok to leave blank)	Practice Insight Enrollment Department 713333600 More...
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Steps / Instructions for completing request (Continued)	<p>Clearinghouse Information Continued...</p> <p> ENTER Contact Job Title Clearinghouse Contact Last Name Department ENTER Contact Phone Number Clearinghouse Contact Job Title Enrollment ENTER Ext (ok to leave blank) Clearinghouse Contact Phone Number 713333600 ENTER Contact E-mail Address Clearinghouse Ext (ok to leave blank) ENTER Confirm Contact E-Mail Clearinghouse Contact E-Mail enrollment@practiceinsight.net CONFIRM Contact E-Mail Address enrollment@practiceinsight.net CLICK [Next] </p> <p> SEE Healthcare Provider Information ENTER Billing Provider's Business Name ENTER Billing Provider's Physical Address CLICK [Next] </p> <p> SEE Healthcare Provider Information ENTER Billing Provider's Group Tax ID Required ENTER Billing Provider's Group NPI Optional CLICK [Submit] </p> <p> SEE Final Agreements SCROLL DOWN to read and SEE bottom of agreement to verify information. SEE Enrollment Progress in right column f window (should say 100% complete) CLICK [Complete & Submit] </p> <p> SEE WINDOW for Electronic Signature ENTER Provider's Name for signature SEE or FOLLOW PROMPTS to [Submit Agreement] </p> <p>Once submitted, you should see message... Thank you. Enrollment Complete</p>
Estimated Time of Completion	<p style="text-align: center;">Allow 2 to 4 weeks for EDI setup to be completed by the payer.</p>
Contact Info to Follow Up or Make Inquiries	<p>Providers may contact WPS EDI Help Desk at 1-800-782-2680 to inquire regarding the status of the 837 Claims' enrollment. Practice Insight Support Vendors may contact Practice Insight's Enrollment Dept for assistance.</p>