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## World Trade Center (WTC) Health Program 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 10 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request. Or, the provider may contact the payer at [moi9@cdc.gov](mailto:moi9@cdc.gov).
- Providers must be registered with the payer and must have completed EFT enrollment prior to requesting ERA enrollment. Please contact the payer at 1-888-982-4748 if you have not completed the registration and EFT enrollment process.

### 835 Electronic Remittance Advice:

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

#### 1. 835-ERA Registration Template (1 page)

Please check the box next to 'New Registration' if this is a New Enrollment. Check the box next to 'Change to Registration' if this is a Change Enrollment.

Under the 'Provider Information' section, complete the required fields.

Provider or Authorized Person must sign, print name and title where indicated 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.

# 835-ERA Registration Template

Verification ID: 2012835VID-CSC

## World Trade Center Health Program

- Registration Type:**
- New Registration
  - Change to Registration
  - End Registration

**Provider Information:**

<b>Entity Name</b>	
<b>Contact Name</b>	
<b>Address/City/State/Zip</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>Submitter Type (i.e. provider, billing service)</b>	
<b>Network Service Vendor</b>	

#	Group NPI	TIN/EIN	Group/Provider specialty
1			
2			
3			
4			
5			

If the ERA should be sent to a clearinghouse, please complete the following:

<b>Clearinghouse Name</b>	
<b>Contact Name</b>	
<b>Address/City/State/Zip</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>Network Service Vendor</b>	

Please have an authorized representative from the provider's organization sign below:

<b>Provider's Signature</b>	
<b>Printed Name</b>	
<b>Title</b>	

**Note:** The above signature must come from the provider's organization, not the clearinghouse/billing provider.