

## Florida Complete Care 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 30 days.
- Support Vendors may contact the EDInsight 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.

#### Florida Complete Care Electronic Remittance Advice (ERA) Enrollment Form (2 pages)

Complete Provider Information section and Provider Contact Information section.  
Provider Signature required under 'ERA Submission Signature.'

### 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.



**FLORIDA COMPLETE CARE ELECTRONIC REMITTANCE ADVICE  
(ERA) ENROLLMENT FORM**

Email the **ERA Enrollment Form** to [FC2ERA@floridacomplecare.com](mailto:FC2ERA@floridacomplecare.com)

The Email Subject should read: Florida Complete Care ERA Enrollment

Note: Incomplete forms will delay the enrollment process.  
Every field is **required**.

**PROVIDER INFORMATION**

**Provider Name:**

**Provider Address:**

**City:**

**State:**

**Zip:**

**PROVIDER IDENTIFIERS INFORMATION**

**Provider Federal Tax Identification Number:**

**National Provider Identifier:**

## **PROVIDER CONTACT INFORMATION**

**Contact Name:**

**Contact Number:**

**Email Address:**

## **ERA SUBMISSION SIGNATURE**

**Authorization Signature:**

**Date:**