



PATIENT PAY (26335) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **835-ERA Provider Enrollment Form**

WHERE SHOULD I SEND THE FORM(S)?

- Fax to (713) 333-0138; OR
- Email to enrollment@practiceinsight.net

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 2-4 weeks

HOW DO I CHECK STATUS?

- If you do not begin receiving ERAs within 4 weeks, contact PatientPay at (888) 730-9374



Send completed forms to Practice Insight
 Email: enrollment@practiceinsight.net
 or Fax: 713.333.0138

835-ERA Provider Enrollment Form

Payer Information		
Payer Name:		Payer ID#:
		Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) Select One:
		Tax Identification Number (TIN):
New Request:	Change Request:	National Provider Identifier (NPI):
Provider Information		
Billing Provider Name:		
Billing NPI:	Tax ID:	
Telephone Number:	Fax Number:	
Primary Address:		
City:	State:	Zip:
Billing Address (if diff from primary):		
City:	State:	Zip:
Contact Information		
Contact Name:		
Telephone Number:	Email:	
EDI Information		
Support Vendor / Reseller:		EDI Cust #:
Receiver Name:	Practice Insight	

Please Allow 2-4 Weeks For Processing