



BMC HEALTHNET PLAN (13337) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- Send an email to enrollassist@cognizant.com with the following information:
 - Site ID: **337G**
 - Payer Name: **Boston Medical Center Health Plan**
 - Payer ID: **13337**
 - Provider Name
 - Practice Name
 - Address
 - Provider Contact Name and Email Address
 - Tax ID
 - NPI

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 1-2 weeks.