

**Form Instructions:**

1. For new enrollments only (for changes, contact ECHO at 440.835.3511 ext 106)
2. Requires Adobe® Reader® 7.x or greater
3. All fields are required, unless otherwise indicated
4. Print completed form, sign it, Fax or e-mail (secure recommended) to ECHO Health, Inc.

## ECHO ANSI 835 Enrollment Form

**Healthcare Service Provider**

Name: \_\_\_\_\_

Billing Address (number &amp; street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Payer Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Email Address 2 (optional): \_\_\_\_\_

Do you use a clearinghouse? Yes No

If "yes", provide clearinghouse name: \_\_\_\_\_

If "no", provide internal contact name: \_\_\_\_\_

I will accept 1099s electronically Yes No

If "yes", send to e-mail address: \_\_\_\_\_

**Approval by person authorized to sign this document (e.g., Provider Billing Supervisor)**

Approved By (print name): \_\_\_\_\_ Title: \_\_\_\_\_

Healthcare Service Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Approval Date (mm/dd/yyyy): \_\_\_\_\_

Approver signature: \_\_\_\_\_

**This form can be used to enroll for ERAs from any of the following payers. Check all that apply.**

<b>Payer ID</b>	<b>Payer Name</b>
72467	ACS Benefit Services, Inc.
13334	Affinity Health Plan
38219	AmeraPlan
20029	America's Choice Healthplan
77799	AmeriHealth Caritas Delaware
64090	Amfirst Insurance
39081	Benefit Plan Administrators (WI)
68011	Capitol Administrators
CARMO	CareMore Health Plan
GACS1	CareSource of Georgia
KYCS1	Caresource of Kentucky
INCS1	CareSource Marketplace
31114	CareSource of Ohio
CHOC1	CHOC Health Alliance
CCA01	Central California Alliance for Health (CAAH)
77052	Coastal TPA (Coastal Administrative)
35193	Community Health Alliance
27905	Community Health Alliance (TN)
48145	Community Health Choice
45321	Consumers Choice Health Plan
78375	Connecticare Medicare
47165	Core Benefits
35182	CoreSource (AZ/IA/IL/IN/MD/MN/PA)
35183	CoreSource (OH)
35187	CoreSource Internal
75136	CoreSource Little Rock
58102	Covenant Administrators
39081	Custom Benefit Administrators
82056	Custom Design Benefits
MCS03	Delano Regional Medical Group (MCS)
37253	ELMCO (PHX)
37216	Employee Benefit Services
37215	Employee Benefits Corporation
45319	Evergreen Health
59313	Evolution Healthcare
MCS03	GemCare Medical Group (MCS)
25531	Group Health, Inc. HMO (Emblem)
13551	Group Health, Inc. PPO (Emblem)

<b>Payer ID</b>	<b>Payer Name</b>
47083	Group Management Services (GMS)
62111	Health Cost Solutions
80142	Health Partners Plans (PA)
HMA01	Healthcare Management Administrators
71064	HealthChoice Oklahoma
71063	HealthSCOPE Benefits, Inc.
37272	HealthSmart Benefit Solutions (JSL)
37283	HealthSmart Benefit Solutions (AA/GB)
87815	HealthSmart Benefit Solutions (WF/AN)
55247	HIP Health Plan of NY
74431	InHealth (Ohio PPO Connect)
IMSMS	Insurance Management Services
51020	Integra Administrative Group
MCS03	Managed Care Systems (MCS)
20805	Marrick Medical Finance
60230	Masonry Welfare Trust Fund
25160	MCA Administrators
41124	Meritain Health
22823	Mid-American Benefits
37256	Mutual Assurance Administrators
38225	NGS American
81264	Nippon Life Benefits
88027	Northern Nevada Trust Fund (BPA)
71065	Oklahoma DRS DOC
04218	Pan American Life Insurance
SLOS1	Physicians Choice Medical Group of San Luis Obispo
MCI01	Physicians Choice Medical Group of Santa Maria
37224	Pittman & Associates (HealthSmart Benefit)
CB404	Preferred Health Plan of the Carolinas
35174	QualChoice of Arkansas
HMA01	Regence Group Administrators (RGA)
37278	ResourceOne
24077	Santa Clara Family Health Plan
72261	SCAN Health Plan
87020	Sentinel Security Life Insurance Company
42137	TriStar
91078	Trusted Plans Service Corporation
61425	Trustmark Insurance Company / Starmark

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	<b>Payer ID</b>	<b>Payer Name</b>
	93050	William C. Earhart Company
	62111	W.C Beeler & Company