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 & street):			
City:	State:	Zip Code:	
Phone Number:			
Tax ID Number:			
Payer Name:			
E-mail Address:	Email Addres	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 auth	norized to sign this docum	ent (e.g., Provider Billing Supervisor)	
Approved By (<i>print name</i>):		Title:	
Healthcare Service Provider Name:			
		Approval Date (mm/dd/yyyy):	

	This form can be used to enroll for ERAs from any of the
Payer ID	Payer Name
72467	ACS Benefit Services, Inc.
62118	Aetna Genworth Life Insurance
13334	Affinity Health Plan
38219	AmeraPlan
20029	America's Choice Healthplan
77013	AmeriHealth Caritas
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

CAS Coastal Administrative Services

Coastal TPA (Coastal Administrative)

CoreSource (AZ/IA/IL/IN/MD/MN/PA)

Central California Alliance for Health (CCAH)

CHOC Health Alliance

Community Health Alliance

Community Health Choice
Consumers Choice Health Plan

Connecticare Medicare

Core Benefits

ELMCO (PHX)

Evergreen Health

Evolution Healthcare

CoreSource (OH)

CoreSource Internal

CoreSource Little Rock

Covenant Administrators

Custom Design Benefits

Employee Benefit Services

Employee Benefits Corporation

GemCare Medical Group (MCS)

Custom Benefit Administrators

Delano Regional Medical Group (MCS)

Community Health Alliance (TN)

CAS89

CHOC1

CCA01

77052

35193 27905

48145

45321 78375

47165

35182

35183

35187

75136

58102

39081

82056

MCS03

37253

37216 37215

45319

59313

MCS03

Payer ID	Payer Name
25531	Group Health, Inc. HMO (Emblem)
13551	Group Health, Inc. PPO (Emblem)
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
00257	Highmark Health
74431	InHealth (Ohio PPO Connect)
IMSMS	Insurance Management Services
51020	Integra Administrative Group
IP085	Kaweah Delta HC District Emp Plan
IP084	Kaweah Delta Medicare Advantage
IP082	Key Medical Group
IP083	Key Medical Group - Medicare Advantage
01260	Magellan Behavioral Health
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

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

Payer ID Payer Name

HMA01	Regence Group Administrators (RGA)
37278	ResourceOne
72261	SCAN Health Plan
87020	Sentinel Security Life Insurance Company
TKFMC	TKFMC
42137	TriStar
91078	Trusteed Plans Service Corporation
61425	Trustmark Insurance Company / Starmark
74227	UHC Student Resources
TH023	WellMed Medical Management Inc.
93050	William C. Earhart Company
62111	W.C Beeler & Company