

# EQUITABLE LIFE & CASUALTY INSURANCE CO. ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- UHIN Clearinghouse Services Change Form

## WHERE SHOULD I SEND THE FORM(S)?

- Email or fax UHIN Clearinghouse Service Change Form to:
  - Email: [enrollment@uhin.org](mailto:enrollment@uhin.org)
  - Fax: (877) 693-4161

## WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 10 business days from the receive date.

## HOW DO I CHECK STATUS?

- Call (877) 693-3071 and ask if you have been linked to Office Ally Trading Partner #HT006842-001.



# Clearinghouse Services Change Form

This form is for current UHIN members to change or update their account information or services. **It is not to be used for new enrollments.** Email form [enrollment@uhin.org](mailto:enrollment@uhin.org) or fax to 877-693-4161.

UHIN  
6056 Fashion Square Dr. Ste 210  
Murray, UT 84107  
P: 877-693-3071  
[www.uhin.org](http://www.uhin.org)

UHIN will process this form within 10 business days from the date we receive it.  
Time to update payers' systems varies by payer.

<input type="checkbox"/> Add transaction type	<input type="checkbox"/> Add affiliated trading partner #	<input type="checkbox"/> Add new payer	<input type="checkbox"/> Add new provider
Current Trading Partner # (HT#####-###)		<b>Specify who you want to receive EDI enrollment confirmations:</b>	
<b>Provider Office Contact Information</b>			
Name:		E-mail:	
Phone Number:		E-mail:	
E-mail:		E-mail:	
<b>Clearinghouse (Billing) EDI Enrollment</b> (If more space is needed, please use the EDI Only Enrollment Supplement Spreadsheet.)			

Section 1- Transaction Selection (Check all transactions that you want)	Section 4-Provider Physical Address (No P.O. Box)
<b>*Complete all Sections (1 to 6)</b>	Street:
<input type="checkbox"/> Dental Claims (837D)	Office/Suite #:
<input type="checkbox"/> Institutional Claims (837I)	City:
<input type="checkbox"/> Professional Claims (837P)	State:
<input type="checkbox"/> Eligibility (270) Real Time	ZIP:
<input type="checkbox"/> Eligibility (270) Batch	
<input type="checkbox"/> Claim Status (276)	
<input type="checkbox"/> Remittance Advice (835)	

Section 2 – Billing Provider Information	Section 5- Provider "Pay To" Address
Billing Provider Name:	<input type="checkbox"/> Same as Provider Physical Address
Billing Provider NPI:	Street:
Billing Provider Tax ID:	Office/Suite #:
<b>Section 3-Rendering Provider Information – Use <a href="#">spreadsheet</a> if you need to list multiple providers</b>	City:
Rendering Provider Name:	State:
Rendering Provider NPI:	ZIP:

**6- Payer EDI Enrollment**  
**(Check all payers that you want to bill)**

**\*Government Payers Require a Separate EDI Enrollment**

Chiropractic Health Plans (CHP) <b>No enrollment required</b>	<input type="checkbox"/> AARP
Dental Select <b>No enrollment required</b>	<input type="checkbox"/> Aetna
<input type="checkbox"/> Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) <input type="checkbox"/> Provider Tax Identification Number (TIN) _____ <input type="checkbox"/> National Provider Identifier (NPI) _____	<input type="checkbox"/> Altius
Direct Care Administrators <b>No enrollment required</b>	<input type="checkbox"/> Cigna
<input type="checkbox"/> EMI Health (formerly Educators Mutual/EMIA)	<input type="checkbox"/> Humana
<input type="checkbox"/> Equitable Life & Casualty Insurance Company* * Equitable enrollment includes all companies in this box. <b>You can receive 835s only. No billing.</b> Greek Catholic Union of the USA Heartland National Life Insurance Company Individual Assurance Company, Life, Health & Accident Loyal Christian Benefit Association	<input type="checkbox"/> Railroad Medicare  List PTAN _____
HSA Health Plan <b>No enrollment required</b>	<input type="checkbox"/> Tricare West
<input type="checkbox"/> Molina Healthcare Utah	<input type="checkbox"/> United HealthCare
<input type="checkbox"/> Public Employees Health Plan (PEHP)	<b>Other Payers:</b>
<input type="checkbox"/> Regence BlueCross BlueShield Of Utah (Includes FEP)	Name: 5-Digit Payer ID:
<input type="checkbox"/> SelectHealth	Name: 5-Digit Payer ID:
<input type="checkbox"/> State Farm	Name: 5-Digit Payer ID:
Tall Tree Administrators <b>No enrollment required</b>	Name: 5-Digit Payer ID:
Union Pacific <b>No enrollment required</b>	Name: 5-Digit Payer ID:
<input type="checkbox"/> University of Utah Health Plans	Name: 5-Digit Payer ID:
<input type="checkbox"/> Valley Behavioral Health	Name: 5-Digit Payer ID:

Helpful Links:

[UHIN Payer List](#)

[Medicaid EDI Enrollment](#)

[Noridian Medicare EDI Enrollment](#)