

WHICH FORM(S) SHOULD I DO?

- No enrollment form is needed; however, you will need to call Stone Eagle/V-payer to create an ERA account.
 - Use the phone number on your V-pay payment page or call (877) 714-3222
 - Provide Stone Eagle with the basic information below:
 - Contact Name
 - Contact Phone
 - Contact Email
 - After your account is set up, you will be emailed a username and temporary password.
- Full instructions below to complete enrollment after the ERA account is set up.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 3-6 business days.
 - **NOTE**: ERAs for Continental General are for Major Medical coverage that is a part of American Enterprise Group.

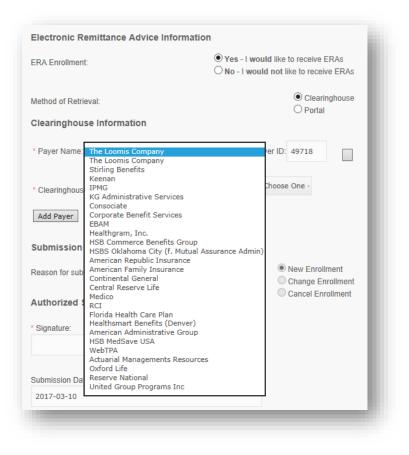
- 1. To opt in to receive 835s, you must begin by contacting Stone Eagle.
 - 1. To contact Stone Eagle, please use the VPay number found on the payment page with the payer you are attempting to enroll with.
 - 2. If you do not have this number, or do not have a payment page, you may call 877-714-3222
- 2. A Stone Eagle representative will then initiate a portal account for you and request the following basic information:
 - o Contact Name
 - Contact Phone
 - Contact Email
- 3. Once the portal account has been activated, you will receive an email with a user name and temporary password to log in to the portal and instructions on how complete your enrollment.
- 4. Log in to the portal using the instructions from the email and complete your enrollment

	SMARTDAT	ASTREAM	
Provider Informa	ion		
Name:			
Full Provider Na	ne		
Doing Business As (I	IBA):		
Provider Address	i		
Address Line 1:			

5. To have your ERAs routed to another clearinghouse, choose the "Clearinghouse" option under the Electronic Remittance Advice Information section, and then click "Add Payer."

Electronic Remittance Advice Infor	mation
ERA Enrollment:	Yes - I would like to receive ERAs No - I would not like to receive ERAs
Method of Retrieval:	 ● Clearinghouse ○ Portal
Clearinghouse Information	
* Payer Name: The Loomis Company	* Payer ID: 49718
* Clearinghouse Name:	Choose One -
Add Payer	

6. Click on the Payer Name drop down menu and select the payer you wish to receive ERAs for.



7. Click the Clearinghouse Name drop down menu to choose the clearinghouse you wish to have your ERAs routed to.

	Yes - I would like to receive ERAs	
ERA Enrollment:	O No - I would not like to receive ERAs	
Method of Retrieval:	Clearinghouse O Portal	
Clearinghouse Information		
* Payer Name: The Loomis Company	Choose One Availity Claim.MD ClaimsNet	
* Clearinghouse Name:	DentalXChange eMedix Encoda eProvider Solutions	
Add Payer	eSolutions (Claim Remedi) eTactics Experian Health	
Submission Information	GE Centricity Greenway Health Health Care IP	
Reason for submission:	Healthcare Pays Network, LLC HealthEWeb InfiniEDI	
Authorized Signature	Inmar Instamed Kareo MedAssets	
* Signature:	Navicure Office Ally OptumInsight	
	OS Inc PNC Bank	
Submission Date:	Practice Insight Quadax	
2017-03-10	Relay Health Rycan	

- 8. Complete the enrollment form and click "Submit." This should bring you to the homepage with a list of available payers. If you see this list, your enrollment is complete.
- 9. You will begin receiving 835s 3~6 business days from the date of your completed enrollment.