EDI Enrollment Packet

V01.2018

I. INSTRUCTIONS ON COMPLETING THIS FORM

Please note that this form must be filled out electronically and emailed back to the EZDERM Enrollment Department. Printed and handwritten forms cannot be accepted.

To fill this form out electronically, follow these simple steps:

1. Download and save this PDF document to your computer
2. Open this saved document with a PDF viewer in order to fill out the packet electronically:
   A. If on a Mac computer, we recommend using Preview
      ➡ https://support.apple.com/guide/preview/fill-out-and-sign-pdf-forms-prvw35725/mac
   B. If on a Windows computer, we recommend using Adobe Acrobat
      ➡ https://helpx.adobe.com/acrobat/using/filling-pdf-forms.html

3. Fill out all fields
4. Save this document
5. Email the completed packet to enrollment@ezderm.com

II. ACKNOWLEDGEMENT

The form below and the instructions it contains should be provided to and read carefully by whoever will be EZDERM's point of contact for enrollment in your office. **This form must be filled out electronically and emailed to enrollment@ezderm.com at least four (4) weeks prior to your Go Live date.** Forms with handwritten responses cannot be accepted. Faxed or scanned responses cannot be accepted. If forms are received after the four-week deadline it will delay your ability to submit claims, receive ERAs, and check eligibility come your Go Live date.

Enrollment is required by many payers in order to submit or receive electronic transactions through a clearinghouse. This is different than credentialing which must be completed prior to enrollment. Once credentialing is completed, enrollment is another step that is required in order to submit claims electronically through another party. Even Commercial payers require enrollment for receipt of Electronic Remittance Advice (ERA) transactions so that they know where to send those outbound transactions. Generally speaking, all government payers will require enrollment for claim submission and all payers will require enrollment to receive EOBs (or what we call ERAs) electronically. Our Enrollment team will work to get you enrolled for ELG, ERA (835), and electronic claims submission (837). We do not handle your EFT enrollment. You will be considered a new enrollment with the clearinghouse.

Each payer has slightly different forms, signature requirements, and timelines for the enrollment process. Although some forms you receive may look the same, each of them pertain to a specific enrollment. For example, the forms for 837 and 835 enrollment may look very similar, but we do need you to complete both forms. Enrollment requests will be submitted to insurance carriers (payers) using the information on this form exactly as it is entered. Please be sure to enter the names and addresses exactly as they were originally submitted to the payers during the credentialing process. Even slight differences in provider data may result in denials by payers. Please note that at least one service location is required for each billing provider even if the information is exactly the same as the billing provider information.

Office Contact for Enrollment Instructions
Name:
Phone:
Fax:
Email:

I agree to follow the instructions the EZDERM enrollment team sends and to update them of every letter and fax sent or online registration submitted so that they may update my enrollment status. I understand that enrollment with Change Healthcare means I must cancel my agreement with any other clearinghouse. I understand that I should not try to enroll with payers directly but instead must go through the clearinghouse and EZDERM's enrollment team. I understand that I can only request enrollment for payers with whom I am already credentialed, and that I can always request enrollment with additional payers once credentialing is completed. I affirm that, to the best of my knowledge, the names and addresses entered in this form are exactly as they were originally submitted to the payers during the credentialing process. I understand that if I fail to return these forms to enrollment@ezderm.com at least four (4) weeks prior to my Go Live date, my office may not be able to submit claims, receive ERAs, or check eligibility on my Go Live date.

Signature: _____   Date: _____

III. PRACTICE INFORMATION

Group Information
Practice Name:
Tax ID:
Mailing Address:
City: State: Zip:
New Practice? ☐ Yes ☐ No   Office Planned Go Live Date:

Service Location Information
Billing NPI:
Medicare PTAN #:
Medicare Railroad PTAN #:
Medicaid Provider #:
BCBS State Provider #:
Second Service Location (if applicable)
Billing NPI:
Medicare PTAN #:
Medicare Railroad PTAN #:
Medicaid Provider #:
BCBS State Provider #:

Additional Rendering Providers to Be Enrolled (if applicable)		
(non-Billing Providers who are credentialed with their individual NPI instead of the Group NPI)		
Name:	Individual NPI:	PTAN #:
Name:	Individual NPI:	PTAN #:
Name:	Individual NPI:	PTAN #:
Name:	Individual NPI:	PTAN #:

Additional Billing Providers to Be Enrolled (if applicable)		
(this includes midlevels whose NPI number should appear in field 33A of the CMS 1500 form)		
Name:	Individual NPI:	PTAN #:
Name:	Individual NPI:	PTAN #:
Name:	Individual NPI:	PTAN #:
Name:	Individual NPI:	PTAN #:
Name:	Individual NPI:	PTAN #:

IV. PAYER LIST

			Enrollment Full Service Payer List (you must be credentialed before requesting enrollment)	
Payer ID *	Payer Name	Name of Current Trading Partner/ Clearinghouse	How are you credentialed? (field 25 of the CMS 1500/ HCFA form)	Which NPI are you credentialed with? (field 33A of the CMS 1500/HCFA form)
ex. SB590	ex. BCBS of Florida	ex. Availity	☐ SSN ☒ EIN	☒ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual

* Payer ID is required for enrollment. You can refer to the clearinghouse Payer List or can contact the payer directly to get this ID. You will want to use the Payer ID the insurance company advises you use.

- Payer list is continued on next page if you need to add more payers than fit in the table above -

Enrollment Full Service Payer List (you must be credentialed before requesting enrollment)				
Payer ID *	Payer Name	Name of Current Trading Partner/ Clearinghouse	How are you credentialed? (field 25 of the CMS 1500/ HCFA form)	Which NPI are you credentialed with? (field 33A of the CMS 1500/HCFA form)
ex. SB590	ex. BCBS of Florida	ex. Availity	☐ SSN ☒ EIN	☒ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual
			☐ SSN ☐ EIN	☐ Group ☐ Individual

* **Payer ID is required for enrollment. You can refer to the clearinghouse Payer List or can contact the payer directly to get this ID. You will want to use the Payer ID the insurance company advises you use.**