

CEDI (Common Electronic Data Interchange) For DME Jurisdictions A, B, C and D 837 and 835

EDI Enrollment Instructions:

- Access the [NGS CEDI Website](#) to **locate and complete** the appropriate forms.
- Complete the forms using the provider's **billing/group level information as credentialed** with this payer.
- **An Electronic Signature is accepted.** Type in the name of the person authorized to sign the document on behalf of the supplier, which must match the Authorized Signature listed in PECOS system.
- Please see the enclosed Enrollment Instruction Guide for detailed instructions on how to complete this on-line enrollment.
- EDI enrollment processing timeframe is approximately 10 business days.
- Use the [Enrollment Application Status Tool](#) to check enrollment status.

837 Claim Transactions and 835 Electronic Remittance Advice:

Go to [NGS CEDI Website](#)

Go to Step 3 and select **Start Enrollment Process**

Accept the Attestation statement

Complete the form as appropriate using the information below.

General Information – Supplier information is Provider/Group as credentialed with CEDI.

Method you will be using to submit: **Clearinghouse**

Trading Partner/Submitter ID: **D08606696**

Clearinghouse Name = **eSolutions, Inc.**

Submitter Type = **Clearinghouse**

Check **Health Care Claim (837 v5010A1)**

Check **Health Care Claim Payment/Advise (835 v5010A1)**

Check **Health Care Claim Status Request & Response (276/277 v5010)**

Complete **Provider Information** as applicable

Check **Clearinghouse for Method of Electronic Submission/835 Retrieval**

Clearinghouse Name = **eSolutions, Inc.**

Operating as a = **Clearinghouse**

Submitter ID = **D08606696**

Street = **8215 W. 108th Terrace**

City/State/Zip = **Overland Park, KS 66210**

Contact Name = **Enrollment Dept.**

Phone Number = **866-633-4726**

Email Address = enrollment@claimremedi.com

Once the General Enrollment Information section is complete and submitted, the necessary enrollment forms will be presented. All information previously answered will be auto-populated on each enrollment form. You will need to complete the following on each form to submit the enrollment packet:

- Verify all fields display the correct information for each form.
- Complete all remaining required fields (See Additional Information about Forms in Guided Enrollment Process packet enclosed).
- Read the Terms and Conditions on each form and check the boxes for each if you agree.
- Have the authorized person or delegated official on file with PECOS enter their name in the DME Supplier Name field and their title on the DME Supplier Title field on each form. The authorized or delegated official's name entered in the DME Supplier Name field will be verified against PECOS by CEDI Enrollment.
- **Select the Submit button on each form.**

Note: The enrollment packet will **NOT** be faxed to CEDI for processing.

Once your packet is submitted, a confirmation message is displayed on the screen with the assigned Packet ID (PID) number. This has completed the submission process. You will be given the options to Print This Packet, Finish and Exit, or Start New Packet.

Print This Packet – This would be for your own reference and the only opportunity to print the packet.

Submit Completed Documents:

Submit **On-line to CEDI**