North Carolina Medicare Part B
Palmetto GBA
837 and 835

EDI Enrollment Instructions:

- Complete the online enrollment **using the credentialed information as reported on the CMS 855 Medicare Enrollment Application for the group/billing provider.**
- Palmetto sends a confirmation notice to the email address entered on the online EDI Application form.
- EDI enrollment processing timeframe is approximately **20 business days**.
- To check status of EDI enrollment, please contact **Palmetto EDI Provider Contact Center at 855-696-0705.**

837 Claim Transactions and 835 Electronic Remittance Advice:

- Navigate to the EDI Online Enrollment tool at
  https://www4.palmettogba.com/edi_online_enroll/?lob=JMB&type=New.
  - From the **'Select your State'** dropdown, choose **'North Carolina.'**
  - From the **'Customer Type'** dropdown, choose **'New.'**
  - From the **'Action Type'** dropdown, choose **'Add Provider(s)'** then click **'Next.'**
- You will be directed to the **'JM New Customer Add Provider(s)'** page.
  - Choose **'Clearinghouse or Billing Service.'**
  - For the transactions, check the boxes next to **'Submit Claims'** and **'Receive Electronic Remittances.'**
  - Review the selected information, then click **'Next.'**
- Complete the Provider Information section on the **'JM Part B Apply for EDI Access'** page.
- Under the Submitter Information section, complete the fields with the below information:
  - Submitter ID: **M806**
  - Receiver ID: **M806**
  - Submitter Name: **eSolutions, Inc.**
  - Owner Name: **es Holdings Co., Ltd.**
  - Type of Submitter: **Clearinghouse**
- Under the Contact Information section, complete the fields with the below information:
  - First and Last Name: **Payer Relations - Linda Burton**
  - Email: **enrollment@claimremedi.com**
  - Phone: **866-633-4726**
  - Address: **8215 W. 108th Terrace, Overland Park, KS 66210**
  - Name of Network Service Provider: **Provider Name**
  - Review the completed information, then click **'Next.'**

- You will be directed to the **'EDI Agreement'** page.
  - o Check the box to agree to the EDI Enrollment Agreement terms, then complete the required fields.
  - o Review the completed information, then click **'Next.'**
- You will be directed to the **'Provider Authorization Form'** page.
  - o Review the completed fields.
  - o Check the box to authorize the enrollment.
  - o Enter your name, then click **'Preview/Download Form(s)'** to receive a copy of the submitted enrollment.
  - o Click **'Submit.'**

Date on-line enrollment completed: _____

Submit Completed Document:
      Submit any forms and this cover page to **ESH@claimremedi.com**
      eSolutions Enrollment Team will complete the enrollment.