

## **Pennsylvania Medicaid 835**

### **EDI Enrollment Instructions:**

- To link with your clearinghouse for ERA, **the provider is to log into the payer's website** and complete the appropriate form. Use the link provided below to access the PROMISe Provider Portal.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- EDI enrollment processing timeframe is approximately **20 business days**.
- To check status of EDI enrollment, please contact **Medicaid at 800-248-2152**.

### **837 Claim Transactions:**

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

### **835 Electronic Remittance Advice:**

Access the [PROMISe Provider Portal](#)

Enter your **login** credentials.

Complete the form as appropriate, using the information provided below.

ClaimRemedi 9 Digit **Submitter ID = 245073151 Professional**  
**= 045727156 Institutional**

Clearinghouse Name = **ClaimRemedi**

Contact Name = **Enrollment Dept**

Telephone Number = **866-633-4726**

Email Address = **enrollment@claimremedi.com**