

Payer ID: 37330

Physicians Health Plan of Mid-Michigan 835

EDI Enrollment Instructions:

- To authorize this payer to provide ERA to your clearinghouse, via Optum360, complete the following form.
- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Enrollment processing timeframe is approximately 10-15 business days.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Optum360 ERA Setup Form

Complete as appropriate.

Prior to submitting this enrollment, please note:

- Any 835 enrollment requests containing pay-to address instead of a billing address will be rejected.
- The information supplied in the 835-enrollment request must exactly match what is on-file with PHP.
 If any information is missing or does not match what is in PHP's system, the request will be rejected, and a new request will need to be submitted.
- If a provider has not submitted a claim to PHP in the past 12 months, the request will be rejected.

Submit Completed Document:

Email to eSolutions to complete the setup ESH@claimremedi.com

www.esolutionsinc.com 2020-02-04



For Internal Optum360 use only:
Submit VIA Internal Spreadsheet
Update ERA in IEDI
Est. Approval 2-3 Weeks

Last Updated: 11/9/2018

OPTUM360 ERA Setup Form Physicians Health Plan 37330

Please complete the requested information below. This information will be used to ensure your agreements are setup and processed in the most efficient manner. This form is for Optum360 use only and will not be forwarded on to the payer with your enrollment agreements.

Optum360 user ID:	
Optumboo user 10.	
Contact Name:	
Contact Name.	
Company Names	
Company Name:	
Group Billing TIN:	
Group Billing 1114.	
Group Billing NPI:	
Group Billing NP1.	
Contact e-mail:	
Contact e-man:	

Please list all providers for this Payer below:

Provider Name	Provider Billing Address (Do not use PO Box)	NPI Registered with Payer	Tax ID Registered with Payer
		-	
			_