

**Children's Community Health Plan  
Community Care BHO  
Pittsburgh Care Partnership Inc  
UPMC Health Plan  
UPMC Dental  
835**

**EDI Enrollment Instructions:**

- Complete the form using the provider's billing/group information as credentialed with this payer.
- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the table.
- EDI enrollment processing timeframe is approximately 30 business days.

**835 Electronic Remittance Advice:**

Complete the table as appropriate. **Submit by Email.**

Complete one form for each **Tax ID/NPI combination**.

<b>Billing Group/Provider Name:</b>	
<b>Provider Street Address:</b>	
<b>Provider City, State and Zip</b>	
<b>NPI:</b>	
<b>Tax ID:</b>	
<b>Name of Contact:</b>	
<b>Contact Phone Number:</b>	
<b>Contact Email Address:</b>	
<b>Enrollment:</b>	<input type="radio"/> New Enrollment <input type="radio"/> Change Clearinghouse

**Submit Completed Document:**

Email to eSolutions to complete the setup.

[ESH@claimremedi.com](mailto:ESH@claimremedi.com)