

USFHP-St. Vincent Catholic Medical Center 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the enrollment using the provider's **billing/group information as credentialed** with this payer.
- Online enrollment through the payer's website is required.
- ERA setups are completed in approximately **20 business days**.

835 Electronic Remittance Advice:

- Navigate to the payer's website at https://conduent.formstack.com/forms/svcmc_provider_835_authorization.
- Complete all required fields.
- Check **St. Vincent's Catholic Medical Center of New York – 13407** for 'Payers Requested.'
- Under 'Retrieval Permissions,' check **Yes** if you have enrolled for ERAs previously through a different clearinghouse. Otherwise, check **No**.
 - If you select Yes, you will be prompted to enter the billing agent or clearinghouse you were previously enrolled with as well as their Trading Partner/Submitter ID.
 - Enter your first and last name then check the box to authorize the previous termination.
- Click 'Next.'
- On the following screen, enter the following:
 - Billing Agent/Clearinghouse Name: **Change Healthcare Technologies LLC**
 - Billing Agent/Clearinghouse Conduent Trading Partner/Submitter ID: **128249**
- Enter your name and title then check the box to authorize the enrollment. Click 'Submit.'

Submit Completed Document:

Email the next page to eSolutions to complete the setup.

ESH@claimremedi.com

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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 20 business days.

835 Electronic Remittance Advice:

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

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

Billing Group/Provider Name:				
Provider Street Address:				
Provider City, State and Zip	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> </tr> </table>			
NPI:				
Tax ID:				
Name of Contact:				
Contact Phone Number:				
Contact Email Address:				
Enrollment:	<input type="radio"/> New Enrollment <input type="radio"/> Change Clearinghouse			