

## American Specialty Health 835

### EDI Enrollment Instructions:

- No form is required. Please return Page 2 to eSolutions to complete setup.

### 835 Electronic Remittance Advice:

**No payer form required. Complete the provider information fields on Page 2.**

### Submit Completed Document:

Email Page 2 to eSolutions to complete the setup.

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

## American Specialty Health 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.

**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	