eSolutions
Strengthen your revenue health

CIGNA
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 form using the provider's billing/group information as credentialed with this payer.
- ERA setups are usually completed in approximately 10 business days.

837 Claim Transactions:
> Enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:
> **Cigna ERA Enrollment form**
> Complete all applicable fields

Submit Completed Document:
> **Email** to:
> **ESH@claimremedi.com**

Definitions for Setup Form for CIGNA ERA enrollment.

- Type (Medical, Dental or Both): Type of Health Care professional enrolling. (Behavioral is included under the medical category)

- TIN: Tax Identification number this enrollment applies to.

- TIN Type (SSN or EIN): Indicate the type of TIN you are providing. Is this an Employer Identification number (EIN) or a Social Security Number (SSN).

- NPI: National Provider Identification number. This number is required when electing to bulk ERA's by NPI.

- Bulking Type: Indicate if the request is to have ERA's bulked by TIN or by NPI. (this election should match the HCP's election for Electronic fund transfers. Bulking by NPI is only available if the HCP has elected both EFT and ERA.

- TIN Name (as it appears on W-9):   Name of Tax ID owner

- Solo Practitioner First/last Name: Individual practitioner name if applicable.

- Solo Practitioner Degree: Degree of Practitioner receiving ERA if applicable.

- Group Name: Group Name if not the same as TIN owner or Solo practitioner.

- Facility Name: Name of facility if not the same as the Group name

- Ancillary Name: (Ambulance, Lab, etc) if applicable only.

- Billing Address/City/State/Zip: Complete Billing address of the Provider.

CIGNA (62308) - ERA

For Internal Optum use only:

Add to CIGNA spreadsheet

Est. Approval – 10 Business Days

OPTUM360 ERA SETUP FORM
CIGNA ERA Enrollment Form – (Behavioral Health)
Please complete the requested information below.
submit via IEDI Enrollments Tab

Please complete the following group information:

Optum360 User ID:		**Group Name:**	
Type (Medical, Dental, or Both)		**Facility Name:**	
TIN:		**Ancillary Name:**	
TIN Type (SSN or EIN):		**Contact Name:**	
NPI:		**Contact e-mail:**	
Bulk Type (TIN or NPI):		**Phone #:**	
TIN Name (as it Appears on W-9)		**Fax #:**	

Please complete the following information for all providers billing to this payer:

Solo Practitioner First/Last Name	Billing Address, (city, state, zip)	Solo Practitioner Degree	Submitter
			10