

Payer ID: CHGFF

Community Health Group 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the table below.
- Complete the table using the provider's **billing/group information as credentialed** with this payer.
- EDI enrollment processing timeframe is approximately **5 business days**.
- To check status of EDI enrollment, please contact Community Health at providerenrollment@chgsd.com.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Complete the Table below as appropriate.

Submit Completed Table:

Email to Community Health Group at: CHGEDI@chgsd.com

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