Payer: Per the payer list

ECHO
Electronic Remittance Advice
ERA 835

ERA Enrollment Instructions:

- Please save this document to your computer. Open the file and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- **EDI enrollment applies to ERA only and is not necessary prior to sending claims.**
- Once completed, save for your records, print and obtain appropriate signature(s).
- EDI enrollment processing timeframe is approximately **30-45 business days**.
- To check status of EDI enrollment, please **contact ECHO at 440-835-3511.**

835 Electronic Remittance Advice:

ECHO ANSI 835 Enrollment Form
Complete the form as appropriate.
Complete one form per Tax ID to include all 835 payers offered by ECHO.

Submit Completed Document:

Email to ECHO Healthcare Systems
edi@echohealthinc.com

835 Payer List	
ACS Benefit Services	HealthSmart – All Plans
Affinity Health Plan	HSBS Memphis
Affinity Medicare & Medicaid Advantage	InHealth Mutual of Ohio
AFLAC of Georgia (Am. Family Life Assurance)	Insurance Management Services
AllCare	INTEGRA Admin. Group
Alliance Coal Health Plan	Liberty Dental Plan, Inc.
AltaMed	Lifestyle Health Plan – Medova Healthcare
AMA Insurance (Am. Medical Associates)	Managed Care Systems (MCS03)
AmeraPlan	Maricopa Health Plan
American Healthcare Alliance	Marion Health Services - CHW
American Progressive	Marrick Medical Finance
America's Choice Healthplan	MCA Administrators, Inc.
AmFirst Insurance Co.	Meritain Health
Benefit Plan Administrators	Mid-American Benefits, Inc.
Boulder Administration Services	Monitor Life Insurance Co. of New York
Capitol Administrators	Multiplan WI Preferred Provider Network
Caprock Health Plan	Mutual Health Services
CareMore Health Plans	Native Care Health
CareNCare	Nippon Life Benefits
CareSource- All States	North American Administrators, Inc.
CHCS Services, Inc.	Ohio PPO Connect
Coastal TPA Inc.	One Call Medical
Community Care Alliance of Illinois	Pan American Life Ins. Group
Community Health Choice	Pennsylvania's Preferred Health Networks
Constitution Life Insurance Co.	Pittman & Associates
Consumers Choice Health	Preferred Health Plan of the Carolinas
CoreSource – All Plans	Pyramid Life Insurance Co.
Corporate Benefit Services of America (CBSA)	QualChoice
Covenant Administrators, Inc.	Regence Group Administrators
Custom Design Benefits	ResourceOne Administrators
Delano Regional Medical Group	Santa Clara Family Health Plan
Diversified Group Administration	SCAN Health Plan
EBC, Inc.	Significa Benefits Services
EBSO Inc. - Expert Benefit Services	Simply Healthcare
Employee Benefit Consultants	South Central Preferred/Wellspan
Family Health Network (IL)	Standard Life and Accident Insurance Co.
FMH Benefit Services - CoreSource	Symetra Life Ins. Co. Bellevue, WA
Fresenius Medical Care Health Plan	TriStar Benefit Administrators
GemCare – Managed Care Systems	Trusteed Plans Services Corp.
Global Care – Boulder Administration	Trust Mark / Starmark
G.M.P. – Employers Retiree Trust	Union Pacific Railroad Employees
GMS, Inc.	University Care Advantage
Health Cost Solutions	University Family Care – Maricopa Health
Health Partners - Pennsylvania	USAA (United States Automobile Assoc.)
Healthcare Management Admin. HMA	Valley Care IPA
HealthChoice Oklahoma, DSR, DOC	Valley Care Select IPA
HealthSCOPE Benefits	Wabash Memorial Hospital Association
Healthscope – Community HA	WellMed
	William C. Earhart Company, Inc.

Form Instructions:

1. For new enrollments only *(for changes, contact ECHO at 440.835.3511 ext 106)*
2. Requires Adobe® Reader® 7.x or greater
3. All fields are required, unless otherwise indicated
4. Print completed form, sign it, Fax or e-mail (secure recommended) to ECHO Health, Inc.

ECHO ANSI 835 Enrollment Form

Healthcare Service Provider

* Name _____
* Billing Address *(number & street)* _____
  * City _____ * State/Prov _____ * Zipcode _____ * Phone _____
* Tax ID Number ☐☐☐☐☐☐☐☐☐
* Payer Name ALL ECHO 835 ERA PAYERS
* E-mail address _____ E-mail address 2 *(optional)* _____
* Do you use a clearinghouse? (•) Yes ( ) No
  If "yes," provide clearinghouse name: ClaimRemedi
  If "no," provide internal contact name: _____
* I will accept 1099s electronically (•) Yes ( ) No
  If "yes," send to e-mail address shown: _____

Approval by person authorized to sign this document *(e.g., Provider Billing Supervisor)*

* Approved By *(print name)*: _____ *Title _____
* Healthcare Service Provider Name: _____
* Phone _____ * E-mail _____ * Approval Date (mm/dd/yyyy): _____

* Approver signature: _____

* Required field. Must be filled in.

Print Reset

868 Corporate Way ● Westlake, Ohio 44145 ● Phone: 440.835.3511 ● Fax: 440.835.5656 ● www.EchoHealthInc.com