

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

Access Health Services - Arkansas Superior Select	Consumers Choice Health
ACS Benefit Services	CoreSource – All Plans
Aetna Senior Medicare Supplement	Corporate Benefit Services of America (CBSA)
Affinity Health Plan	Covenant Administrators, Inc.
Affinity Medicare & Medicaid Advantage	Custom Design Benefits
AFLAC of Georgia (Am. Family Life Assurance)	Delano Regional Medical Group
AllCare	Diversified Group Administration
Alliance Coal Health Plan	EBC, Inc.
Allways Health Partners	EBSO Inc. - Expert Benefit Services
AltaMed	Employee Benefit Consultants
AMA Insurance (Am. Medical Associates)	Employee Benefit Services, Inc. (EBSI)
AmeraPlan	Evolutions Healthcare Systems
American Healthcare Alliance	Family Health Network (IL)
American Postal Workers Union Health	FMH Benefit Services - CoreSource
American Progressive	Fresenius Medical Care Health Plan
America's Choice Healthplan	Gateway Health Plan - Medicare
AmeriHealth Caritas Delaware	GemCare – Managed Care Systems
AmeriHealth Caritas District of Columbia	Global Care – Boulder Administration
AmeriHealth Caritas Louisiana	G.M.P. – Employers Retiree Trust
AmeriHealth Caritas Pennsylvania	GMS, Inc.
AmeriHealth Caritas New Hampshire	Group Health Inc (GHI) – Emblem Health
AmeriHealth Caritas Northeast	Health Cost Solutions
AmeriHealth Caritas VIP Care	Health Ins. Plan of New York - HIP
AmeriHealth Caritas VIP Care Plus (Michigan	Health Partners - Pennsylvania
Ameritas Life Insurance Co	Healthcare Highways
AmFirst Insurance Co.	Healthcare Management Admin. HMA
Atlantic Coast Life Ins.	HealthChoice Oklahoma, DSR, DOC
AvMed, Inc.	HealthSCOPE Benefits
Banner Health Co – All plans	Healthscope – Community HA
BCBS - Delaware	HealthSmart – All Plans
BCBS – Pennsylvania	Hoag Clinic (Hoag Physician Partners)
BCBS – Pennsylvania Western	HSBS Memphis
BCBS – West Virginia	InHealth Mutual of Ohio
Benefit Plan Administrators	Insurance Management Services
Boulder Administration Services	INTEGRA Admin. Group
Capitol Administrators	Kalos Gold Health Plan
Caprock Health Plan	Key Medical Group
CareMore Health Plans	Key Medical Group Medicare Advantage
CareNCare	Keystone First Community Health Choice
CareSource- All States	Keystone First Health Plan
Catholic Life Insurance – United Financial	Keystone First VIP Choices
Central California Alliance for Health (CCAH)	Liberty Dental Plan, Inc.
CHCS Services, Inc.	Lifestyle Health Plan – Medova Healthcare
Clear Spring Health	Magellan Behavioral Health
Coastal TPA Inc.	Managed Care Systems (MCS03)
Community Blue Medicare PPO	Maricopa Health Plan
Community Care Alliance of Illinois	Marion Health Services - CHW
Community Health Choice	Marrick Medical Finance
ConnectiCare Commercial and Medicare Adv.	MCA Administrators, Inc.
Constitution Life Insurance Co.	

835 Payer List

Meritain Health	UMWA Health & Retirement Funds
Michigan Blue Cross Complete	Union Pacific Railroad Employees
Mid-American Benefits, Inc.	University Care Advantage
Monitor Life Insurance Co. of New York	University Family Care – Maricopa Health
Multiplan WI Preferred Provider Network	USAA (United States Automobile Assoc.)
Municipal Health Benefit Plan	Valley Care IPA – Valley Care Select IPA
Mutual Health Services	Wabash Memorial Hospital Association
Native Care Health	WellMed
Nippon Life Benefits	West Virginia Medicare Adv. Freedom Blue
North American Administrators, Inc.	William C. Earhart Company, Inc.
Ohio PPO Connect	
One Call Medical	
Pan American Life Ins. Group	
Parkland Community Health Plan	
Pennsylvania's Preferred Health Networks	
Pennsylvania Medicare Advantage Freedom Blue	
Physicians Mutual Insurance Co.	
PerformCare - HealthChoices	
Pittman & Associates	
Polish Falcons of America	
Preferred Health Plan of the Carolinas	
Presbyterian Health Plan	
Prestige Health Choice	
Pyramid Life Insurance Co.	
QualChoice	
Regence Group Administrators	
Renaissance Life and Health Ins Co of America	
ResourceOne Administrators	
Santa Clara Family Health Plan	
SCAN Health Plan	
Scott & White	
Select Health of South Carolina	
Sentinel Security Life	
Significa Benefits Services	
Simply Healthcare	
South Central Preferred/Wellspan	
Standard Life and Accident Insurance Co.	
Student Resources - UHC	
Symetra Life Ins. Co. Bellevue, WA	
TriStar Benefit Administrators	
Trusted Plans Services Corp.	
Trust Mark / Starmark	



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 Select * 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