Payer ID: Per the payer list

InstaMed
Electronic Remittance Advice
ERA 835

ERA Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form if applicable.
- Enrollment applies to **EFT and 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 **15 business days.**

InstaMed Change Form – Change Remittance:

Complete this form only if you already have login credentials with InstaMed.

InstaMed Network New Setup:

Register your practice with InstaMed at: Registration Portal

Once you have submitted the above request, you will be contacted by InstaMed to complete the enrollment process.

Once your InstaMed account is activated, you will receive ERA automatically for all the Payers listed on page 2. Please do not add any other payers as other arrangements are already in place.

For assistance with InstaMed, please contact InstaMed at 866-467-8263 or support@instamed.com .

Submit Completed Document:

Fax to InstaMed

866-682-1110 or 877-755-3392

	835 Payer List
Payer ID	**Payer Name**
13162	1199 National Benefit Fund
58234	Alliant Health Plans of Georgia
36066	Bankers Life and Casualty Co.
SB804	BCBS – NY Rochester – Excellus
SB805	BCBS – NY Central - Excellus
SB806	BCBS – NY Utica-Watertown - Excellus
BV001	Block Vision (13374)
BTHS1	Brown& Toland Health Services
BTSS1	Brown & Toland Group
94316	Brown & Toland Medical Group
CALOP	CalOptima Direct - Commercial
37077	Colonial Penn Life
77170	Common Ground
45341	Community Health Options - Maine
06541	County Care Health Plan
46430	Crystal Run Health Plans
00157	Davis Vision
12956	Empower Healthcare Arkansas
75273	Geisinger Health Plan
76342	Health Plan of Nevada - Sierra
88023	Hometown Health Plans
31182	Innovage – Total Community Care
91051	Kaiser Foundation Health Plan of Washington
71890	Medica Health Plan Solutions
12422	Medica2
LIFE1	OptumCare – Lifeprint, Northwest Physicians Network
61325	Passport Health Plan
13306	PHCS Savility Payers
12399	PHP - Physicians Health Plan of Northern Indiana
PDT01	Physician's Data Trust
BHP01	PIH – Health (Bright Health)
PREHP	Presbyterian Health Plan (Commercial)
PRESA	Presbyterian Salud!
81336	SOMOS – Emblem Health
81508	SOMOS – Health Plus
13305	Superior Vision Services (13374)
UNINW	Univera HealthCare - Excellus
50383	US Imaging Network (NY)
15976	Vibra Health Plan
45488	Vivida Health Plan
15003	Your Care

InstaMed®
Healthcare Payments Simplified

CHANGE FORM — CHANGE REMITTANCE AND CLAIM CONNECTIVITY

CONFIDENTIAL

Available Online
online.instamed.com
Configure > Account Info

ACCOUNT INFORMATION

ACCOUNT INFORMATION

Use this form to add and/or delete remittance delivery and/or claim submission method. Please complete the information below.

- For a list of supported clearinghouses for remittance delivery, visit: www.instamed.com/eraclearinghouses.
- For a list of supported clearinghouses for claim submission, visit: info.instamed.com/eraeft-claims.

Customer Name _____ Tax ID _____ Contact Name _____

REMITTANCE AND CLAIM CONNECTIVITY

REMITTANCE AND CLAIM CONNECTIVITY

Clearinghouse

☑ Add a clearinghouse (*list clearinghouse name*): ClaimRemedi

- ☑ Remittance delivery
- ☐ Claim submission

☐ Remove a clearinghouse (*list clearinghouse name*): _____

- ☐ Remittance delivery
- ☐ Claim submission

Secure File Transfer Protocol (SFTP)

☐ Add SFTP connection

- ☐ Remittance delivery
- ☐ Claim submission

☐ Remove SFTP connection

- ☐ Remittance delivery
- ☐ Claim submission

AUTHORIZATION

AUTHORIZATION SIGNATURE

This Change Form shall become effective upon signing by Customer and successful processing by InstaMed. The individual signing this Change Form confirms that he/she is authorized to sign and deliver this Change Form on behalf of Customer, that the signatory is an employee of Customer and that the information provided in this Change Form is true, correct and complete.

Signature _____ Print Name _____

Date _____ Title _____

Please return completed forms to InstaMed via fax at (866)-682-1110. If you have any questions, please call InstaMed Customer Service at (866)-INSTAMED or email support@instamed.com.

Internal Use Only

Case Number _____ Account Number _____ Sent By _____