Gold Coast Health Plan
835

EDI Enrollment Instructions:

- To link with the clearinghouse for ERA, **the provider is to access the payer's website**. Use the link provided to access the website to **complete and submit the form online**.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- EDI enrollment processing timeframe is approximately **5 business days.**
- To check status of EDI enrollment, please contact the payer at **800-952-0495**.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Go to: **Conduent - Gold Coast Enrollment**

Scroll down and select: **Provider 835 Authorization Form**

1. **Complete** the form as appropriate, using the information provided below.
   Provider Information: **Complete as appropriate.**
   Payers Requested: **Check Box for Gold Coast Health Plan.**
   Retrieval Permissions: **Click the Yes radio button**.
   Name of the Billing Agent or Clearinghouse: **ClaimRemedi**.
   Trading Partner/Submitter ID: **150147**.
   Click **Next**.

2. **Complete** the form as appropriate, using the information provided below.
   Provider Information: **Complete as appropriate**.
   Billing Agent/Clearinghouse Name: **ClaimRemedi**
   Billing Agent/ Clearinghouse Trading Partner/Submitting ID: **150147**
   Provider/Provider Representative Name: **Complete as appropriate.**
   Title: **Complete as appropriate**.
   Electronic Signature: **Check box.**
   Click **Submit Form**.