

**Group Health Cooperative
of Eau Claire
835**

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Enrollment processing timeframe is approximately **10 business days**.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Electronic Transfer Remittance Advice Form

Complete all fields as appropriate.

NOTE: There are two Change Healthcare Remittance forms enclosed. Only submit the form applicable to the **Type of business** you are credentialed for: **Professional OR Institutional**. Only submit both if your practice is credentialed for both types of business.

Submit Completed Document:

Email or fax all pages to:

Batchenrollment@changehealthcare.com

615-885-3713

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					



Electronic Transfer Remittance Advice Form

FOR PROVIDER USE ONLY

Please provide the following information to set up the electronic transfer of 835 remittance advice.

Provider Name: _____

Provider Address: _____

Tax ID Number(s): _____

NPI: _____

Name/Title: _____

Signature: _____

Do you have multiple locations that could benefit from electronic transfers? Yes No

If yes, please include a spreadsheet with the following information about each location: Provider Name, Tax ID & NPI

Which type of enrollment request? (Please place an 'X' next to applicable options listed below.)

- New enrollment (when do you want it to take effect) Effective Date: _____
- Change in enrollment (such as a switch in clearing houses) Effective Date: _____
- Cancel enrollment (specify cancellation effective date) Effective Date: _____
- Route to a clearing house (specify effective date & contact info) Effective Date: _____

Name: _____ Email: _____

Group Health Cooperative FTP site options (method of file retrieval):

Secure SSL connection through our website at: <https://ftps.group-health.com/thinclient/login.aspx>

- Username/password will be provided to the Business Contact email address below.
- PGP encryption with the standard FTP site: <https://ftp.group-health.com>
- PGP encryption key will be provided to the Business Contact email address below.
- Other secure FTP or website option. Provide the following details to boperator@group-health.com in a secure email.
- IP address, user name, password, connection type, PGP supported (Y/N)

Information provided below for your setup:

Group Health Cooperative:	Group Health Cooperative Values:		
• Tax ID: 396252984	• Sender / Receiver ID Qualifier:	ISA 05	30
• NPI: 1295800738	• Sender / ReceiverID:	ISA 06	396252984
		GS 02	Provider Tax ID#

Would you like paper copies discontinued after 30 days once electronic set up has been completed? Yes No

Business Contact

Name: _____
 Title: _____
 Organization: _____
 Phone: _____
 Email: _____

Technical Contact

Name: _____
 Title: _____
 Organization: _____
 Phone: _____
 Email: _____

Email address to contact when setup is complete: _____

Please contact EDI Operations at boperator@group-health.com or (888) 203-7770 if you have questions.

Please fax completed forms to EDI Operations at (715) 552-3500. Thank you!