

Health Alliance Plan of MI 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.
- Once completed, save for your records, print, and obtain appropriate signature(s).
- ERA setups are generally completed in approximately **30 business days**.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Braven Health Electronic Remittance Advice (835) Enrollment

Complete all applicable fields.

Enter your Vendor ID where indicated.

Check Yes or No to indicate if you would like paper remits to be discontinued once ERA is received.

The individual completing the form must print date, name, title, email, phone, and sign where indicated.

Submit Completed Documents:

Email all pages to eSolutions to complete the setup. Do not submit direct to the payer.

ESH@claimremedi.com



Health Alliance Plan of Michigan
Electronic Remittance Advice (835) Request
Name of Trading Partner _____

NPI _____

Tax ID _____

Vendor number can be found in the upper
left corner of the paper remittance.

Vendor ID _____

Provider Name _____

Address _____

City _____ State _____ Zip _____

Can paper remittance be discontinued once Electronic Remittance Advice is
received? Yes No

Signature _____

Date _____

Name _____

Title _____

Email _____

Phone _____