

Health Net of California & Oregon 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).
- EDI enrollment processing timeframe is approximately **30 business days**.
- To check status of EDI enrollment, please contact **Availity at (800) 282-4548**.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Health Net of California Electronic Remittance Advice (ERA) Authorization Agreement:

Complete all applicable fields.

Indicate your preference for data aggregation by checking **'Provider Tax Identification Number (EIN)'** or **'National Provider Identification Number (NPI)'** under the **'Electronic Remittance Advice Information'** section.

Indicate your reason for submission by checking **'New Enrollment'** or **'Change Enrollment'** under the **'Submission Information'** section.

Provider or Authorized Person must print name, dates, and sign under the **'Submission Information'** section.

Submit Completed Documents:

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

ESH@claimremedi.com

Health Net of California Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information

Provider Name _____
 Provider Address Street _____
 City _____ State _____ Zip _____

Provider Identifiers Information

Provider Identifiers
 Provider Federal Tax Identification Number (TIN) _____ National Provider Identifier (NPI) _____
 or Employer Identification Number (EIN) _____

Provider Contact Information

Provider Contact Name _____ Telephone Number _____
 Email Address _____ Fax Number _____

Provider Agent Information

Provider Agent Name _____
 Telephone Number _____ Email Address _____

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider).

Provider Tax Identification Number (EIN) _____ National Provider Identification Number (NPI) _____

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name _____
 Telephone Number _____ Email Address _____

Electronic Remittance Advice Vendor Information

Vendor Name _____
 Telephone Number _____ Email Address _____

Submission Information

Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature:

Printed Signature of Person Submitting Enrollment _____
 Submission Date _____ Requested ERA Effective Date _____

This authorization is to remain in effect until written notice in the form of an ERA Authorization Agreement form marked as a cancellation or change form is submitted to Health Net. Any changes to the providers agent, clearinghouse or vendor must be submitted on an ERA Authorization Agreement form as a change. The termination or change shall be effective 20 days subsequent to Health Net's receipt of the updated form.