

Health Plan of San Joaquin 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 **10 business days**.
- Electronic Remittance Advice (ERA) will begin when the Health Plan completes the setup, no approval will be given.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

EDI Trading Partner Agreement with San Joaquin (HPSJ)

Complete the form as appropriate.

Submit Completed Document:

Fax to Health Plan of San Joaquin
209-461-2565

**EDI TRADING PARTNER AGREEMENT WITH HEALTH PLAN OF SAN JOAQUIN (HPSJ)
IDENTIFICATION OF PROVIDER/TRADING PARTNER
FOR ANSI ASC X12N 835 ELECTRONIC REMITTANCE ADVICE**

All Trading Partners, whether covered entities or business associates of covered entities, agree to abide by all HIPAA Privacy and Security requirements as they apply to communications with Health Plan of San Joaquin (HPSJ). The Provider must have a Business Associate Agreement (BAA) with their contracted Billing Service.

The Provider and HPSJ agree that any changes in Provider or Trading Partner status, which might affect the transmission of electronic data, shall be promptly communicated to each party. The parties agree that HPSJ will make available 835 transactions to Trading Partner only as long as the Agreement between the Provider and the Trading Partner, including a BAA, remains in existence and in effect. The parties may terminate this agreement with or without cause by giving, when possible, 30 calendar days prior notice of intent to terminate.

PROVIDER INFORMATION

Provider Full Legal Name		Provider NPI	
DBA (if applicable)		Organizational NPI/TIN (if applicable)	
Provider Service Address (number, street)	City	State	ZIP Code
Contact Person	Phone# ()	E-Mail Address	
IT / EDI Technical Contact (if applicable)	Phone# ()	E-Mail Address	

TRADING PARTNER INFORMATION

Trading Partner (Billing Service) Full Legal Name ClaimRemedi			
Trading Partner Address (number, street)	City	State	ZIP Code
2235 Mercury Way Suite #107	Santa Rosa	CA	95407
Contact Person	Phone #	E-Mail Address	
Enrollment Dept	(866) 633-4726	Enrollment@claimremedi.com	

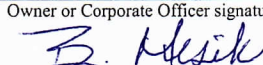
TRANSMISSION INFORMATION

In addition to the Electronic Remittance Advice data (835 transaction), does the Provider want to continue to receive the **hardcopy Remittance Advice Detail Summary**? Yes No

PROVIDER SIGNATURE INFORMATION

Full printed name	Title
Provider signature	Date

BILLER SIGNATURE INFORMATION

Full printed name	Title
Barbara Mesik	Enrollment Manager
Owner or Corporate Officer signature (original signature required)	Date
	

Return Application/Agreement to:
Health Plan of San Joaquin
Attn: Provider Services Department
7751 S. Manthey Road
French Camp, CA 95231-9802

Or FAX application to 209-461-2565
For further information, contact
HPSJ Provider Services:
209-461-6340