

## Mutual Health Services 835

**EDI Enrollment Instructions:**

- Complete the form using the provider’s billing/group information as credentialed with this payer.
- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the table.
- EDI enrollment processing timeframe is approximately 30 business days.

**835 Electronic Remittance Advice:**

Complete the table as appropriate. **Submit by Email.**  
Complete one form for each **Tax ID/NPI combination.**

<b>Billing Group/Provider Name:</b>				
<b>Provider Street Address:</b>				
<b>Provider City, State and Zip</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%;"></td> <td style="width: 40%;"></td> </tr> </table>			
<b>NPI:</b>				
<b>Tax ID:</b>				
<b>Name of Contact:</b>				
<b>Contact Phone Number:</b>				
<b>Contact Email Address:</b>				
<b>Enrollment:</b>	<input type="radio"/> New Enrollment <input type="radio"/> Change Clearinghouse			

**Submit Completed Document:**

Email to eSolutions to complete the setup.  
[ESH@claimremedi.com](mailto:ESH@claimremedi.com)