

Neighborhood Health Plan of Rhode Island 835

EDI Enrollment Instructions:

- The Provider will access the Neighborhood Health Plan Website to complete the enrollment form. Use the link provided to access and complete the form online.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- **Electronic Funds Transfer (EFT) is required** to receive the ERA from this payer.
- Enrollment processing timeframe is approximately 15 business days.
- For assistance with the portal registration, please contact the payer at 800-963-1001.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Go to: [Neighborhood Health Plan Electronic Payment and Remittance Advice App](#)

Complete all fields as appropriate

EFT is required, all banking information must be completed.

Clearinghouse Name: eSolutions Inc., dba ClaimRemedi

Clearinghouse Contact: Enrollment Department

Contact Phone: 866-633-4726

Contact Email: enrollment@claimremedi.com

Submit Completed Document online