

Priority Health 835

EDI Enrollment Instructions:

- Complete the form using the provider’s billing/group information as credentialed with this payer.
- EDI enrollment processing timeframe is approximately **5 business days**.
- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the table.

835 Electronic Remittance Advice:

Complete the table as appropriate. **Submit by Email.**

Complete one form for each **Tax ID/NPI combination**.

Billing Group/Provider Name:				
Provider Street Address:				
Provider City, State and Zip	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> </tr> </table>			
NPI:				
Tax ID:				
Name of Contact:				
Contact Phone Number:				
Contact Email Address:				
Enrollment:	<input type="radio"/> New Enrollment <input type="radio"/> Change Clearinghouse			

Submit Completed Document:

Submit this page to ESH@claimremedi.com

eSolutions Enrollment Team will complete the enrollment.