

Payer ID: 38217

# Priority Health 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.
- Priority Health requires that **ERA setup be submitted directly from the provider**.
- This form is to be filled out and submitted via e-mail by the **Provider only**.
- EDI enrollment processing timeframe is approximately 5 business days.
- To check status of EDI enrollment, please contact Priority Health EDI team at <a href="mailto:edisetup@priorityhealth.com">edisetup@priorityhealth.com</a>.

#### 837 Claim Transactions:

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

### 835 Electronic Remittance Advice:

Complete the fields below.

## **Submit Completed Request:**

Click "Submit by E-Mail" and

Send the generated E-Mail to complete ERA registration request.

Add Cc addresses as appropriate.

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