

SelectHealth 835

EDI Enrollment Instructions:

- Online enrollment is required. For questions, call SelectHealth at 1-800-538-5099.
- **Please note:** You cannot enroll for ERAs until you have submitted at least one processed claim as well as have a W9 on file.
- EDI enrollment processing timeframe is approximately **60 business days**.
- Once the enrollment has been approved, you will receive a notification directly from the payer.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

- To complete the online enrollment, go to [https://intermountainphysician.org/selecthealth/EDI/Pages/Healthcare-Claim-PaymentAdvice-\(835\).aspx](https://intermountainphysician.org/selecthealth/EDI/Pages/Healthcare-Claim-PaymentAdvice-(835).aspx)
- In the **'Electronic Remittance'** section, choose **'835'** from the dropdown box.
- In the **'Provider Information'** section, please fill in provider name, address, Tax ID, NPI and Trading Partner ID # **HT007737-001**.
- Complete the **'Provider Identifiers Information'** section by inputting your contact name, email, and phone number.
- In the **'Electronic Remittance Advice Clearinghouse Information'** section, you will need to input the following:
 - Clearinghouse Name: **ClaimRemedi**
 - Email Address: **enrollment@claimremedi.com**
 - Phone #: **866-633-4726**
- Within that same section, you will need to choose a reason for submission, click the certification box, input your name, email, phone number, and click **'Submit Agreement.'**

Date on-line enrollment completed: _____

Submit Completed Document:

Submit the following page of this form to ESH@claimremedi.com
eSolutions Enrollment Team will complete the enrollment.

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- 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.

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	
NPI:	
Tax ID:	
Name of Contact:	
Contact Phone Number:	
Contact Email Address:	
Enrollment:	<input type="radio"/> New Enrollment <input type="radio"/> Change Clearinghouse