Payer ID: 81600

South Country Health Alliance
835

EDI Enrollment Instructions:

- To link with your clearinghouse for ERAs, **the provider is to access the payer's website** and complete the appropriate form(s). **Use the link provided below and the following instructions.**
- Electronic Funds Transfer (EFT) is optional and can be enrolled at: EFT Registration .
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and submit on-line.
- EDI enrollment processing timeframe is approximately **30 business days**.
- To check status of EDI enrollment, please contact the Provider Contact Center at **888-633-4055**.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

To enroll in ERA, complete the following **on-line form**.

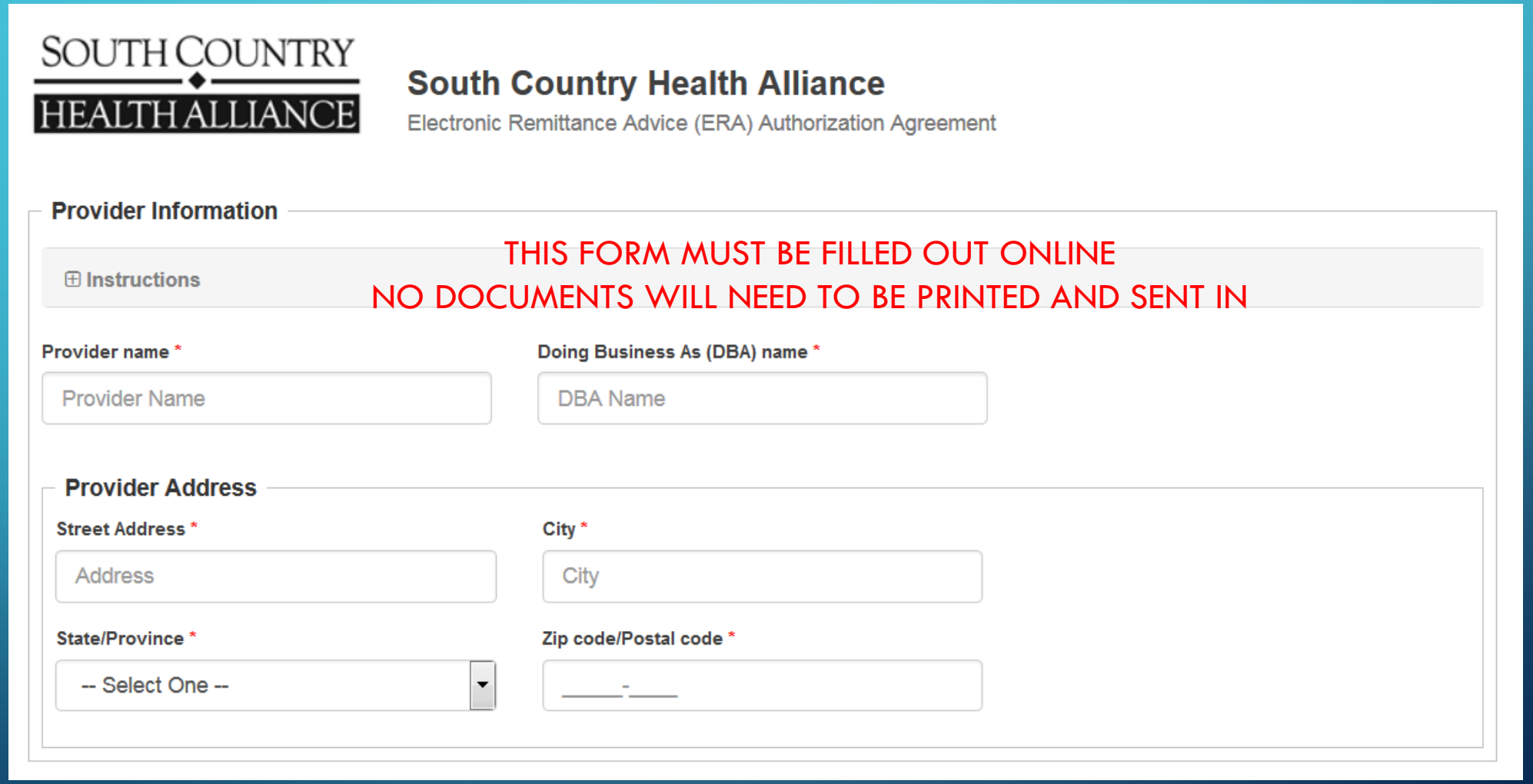
South Country Health Alliance ERA Enrollment

Complete the form as appropriate, using the information provided below.

Clearinghouse Information:

Name: **ClaimLynx**
Contact Name: **Russel Campbell**
Phone: **952-593-5969**
Email: **dr-data@claimlynx.com**

ERA FORM



SOUTH COUNTRY HEALTH ALLIANCE

South Country Health Alliance

Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information

THIS FORM MUST BE FILLED OUT ONLINE
NO DOCUMENTS WILL NEED TO BE PRINTED AND SENT IN

⊞ Instructions

Provider name *

Provider Name

Doing Business As (DBA) name *

DBA Name

Provider Address

Street Address *

Address

City *

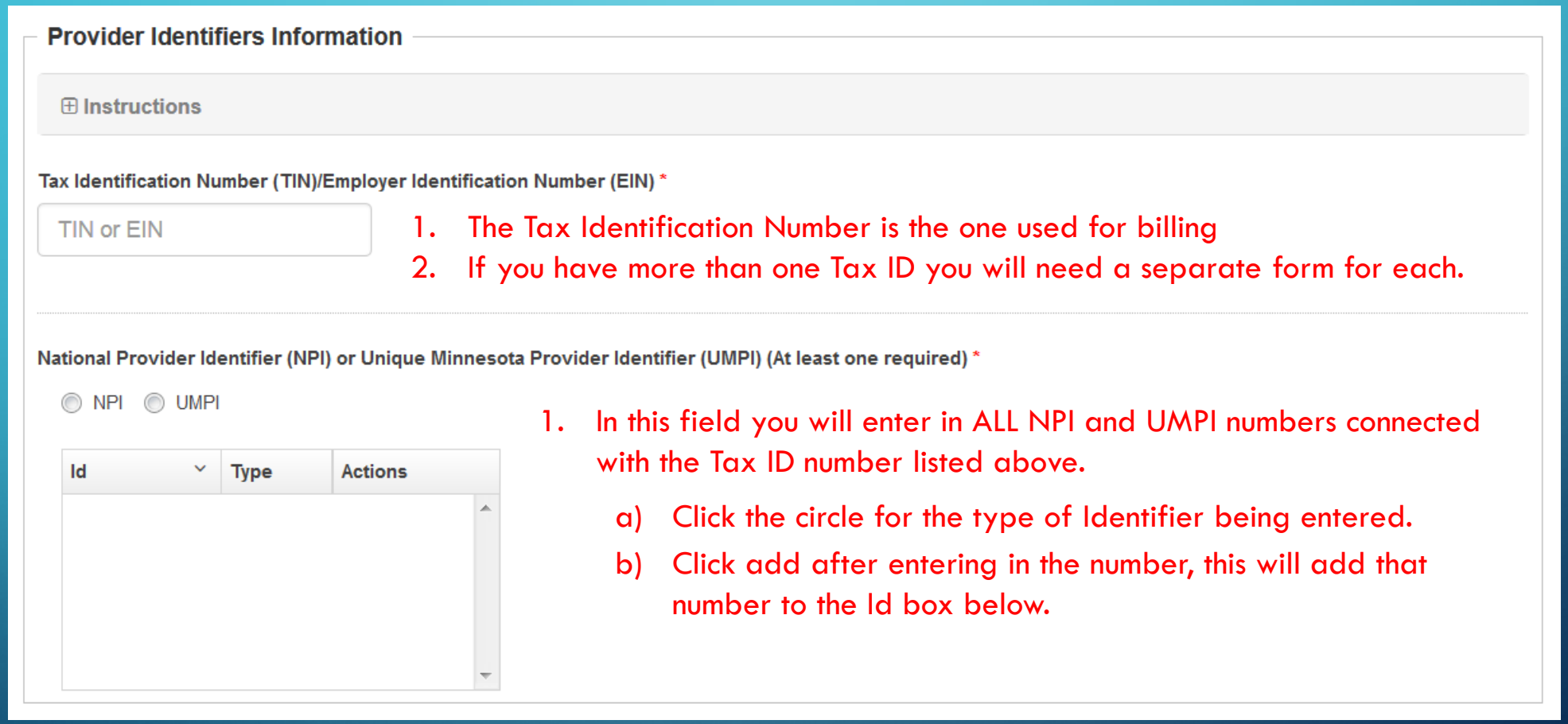
City

State/Province *

-- Select One --

Zip code/Postal code *

_____-____



1. The Tax Identification Number is the one used for billing
2. If you have more than one Tax ID you will need a separate form for each.

1. In this field you will enter in ALL NPI and UMPI numbers connected with the Tax ID number listed above.
   a) Click the circle for the type of Identifier being entered.
   b) Click add after entering in the number, this will add that number to the Id box below.

Provider Contact Information

⊞ Instructions

This information would be either the name and contact information for the person filling out the form or the person connected with Billing/Contracting

Provider contact first name *

First Name

Provider contact last name *

Last Name

Title *

Title

Telephone number *

(___) ___-____ ext. _____

Email address *

example@domain.com

Preference for Aggregation of Remittance Data

Account number linkage to Provider Identifier *

-- Select TIN/NPI --

This would be the Tax Id entered above on the form. The drop-down box will give you options based on what was entered at the top of the form.

ERA Clearinghouse Information

⊞ Instructions

Please indicate the name of the clearinghouse that you are registered with for receiving 835s by checking one of the boxes below. **Note:** Prior to submission of this Agreement, you must register with a clearinghouse to receive 835s. South Country Health Alliance cannot send 835s to your clearinghouse until you have registered.

Clearinghouse name *

ClaimLynx

Please select your Clearinghouse's name from the drop-down menu.

Clearinghouse contact first name

Russel

Clearinghouse contact last name

Campbell

Contact person telephone number

(952) 593-5969

Email Address

dr-data@claimlynx.com

Submission Information

Select One of the Options below *

○ New enrollment ○ Cancel enrollment ○ Change enrollment

New Enrollment if you have not already filled out this form
Change enrollment only if you have information to correct

Authorization

Instructions

I affirm all information contained in this enrollment application to be correct and true to the best of my knowledge. I understand that providing false or misleading information on this enrollment application will result in rejection from the ERA program and that I will be responsible for any fees, legal or otherwise, incurred by South Country Health Alliance on my behalf.

Name of Person Submitting Enrollment *

Title of Person Submitting Enrollment *

Requested ERA effective date *

MM/DD/YYYY

Submit

Please fill out all required selections.

This information is the person filling out this form.
The ERA effective date will be 1/1/2019.
Please Click Submit

ERA ENROLLMENT FORM

After clicking submit your form has been processed.

We do not need any documents mailed or e-mailed in along with this form.