
State Farm Insurance Companies 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.
- Complete the enrollment using the provider's **billing/group information as credentialed** with this payer.
- ERA setups are completed in approximately **30 business days**.
- EFT enrollment is required to receive ERAs. Steps on how to complete the EFT enrollment are listed below.
- If you have any questions regarding the online enrollment you must contact State Farm directly at Home.hlth-medicalprovider.538o00@statefarm.com.

835 Electronic Remittance Advice:

Completing the ERA/EFT enrollment (New Enrollments)

- Complete the 'Contact Us – Health Division' form at <https://b2b.statefarm.com/b2bapp/hcu-forms/health-contact-us>.
- Enter all required information on the form and click 'Submit.'
 - Method of Retrieval will be **UHIN**. Enter **HT000000-000** for UHIN #.
- Once the form is submitted, you will receive an email from State Farm with details on how to register to create a User ID and Password. This User ID and Password will allow you to complete the ERA/EFT online enrollment.
- Click on the ERA & EFT Enrollment link and log in using the User ID and Password created in the previous step.
- Complete all required fields. When prompted, enter **UHIN** as the Method of Retrieval. Submit the online form once it has been completed.
 - Enter **HT002245-001** for professional transactions. Enter **HT002245-002** for institutional transactions.

Completing the ERA/EFT enrollment (Change Enrollments)

- Log into your B2B account at <https://b2b.statefarm.com/b2bapp/b2blogin/login>.
- Click 'ERA Enrollment- Change to Method of Retrieval.'
- You will need to update your clearinghouse to 'UHIN.'
 - For professional transactions, enter Trading Partner ID **HT002245-001**.
 - For institutional transactions, enter Trading Partner ID **HT002245-002**.
- Complete all required fields, then click 'Submit.'

Submit Completed Document:

Email the next page to eSolutions to complete the setup.

ESH@claimremedi.com

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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="width: 100%; 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			