

Trillium Health Resources 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 form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- This enrollment **must be submitted direct to Trillium from the provider**. They will not accept from a billing service or clearinghouse.
- ERA setups are generally completed in approximately **10 business days**.

837 Claim Transactions:

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

835 Electronic Remittance Advice:

Electronic Remittance Advice (ERA) Enrollment and 835 Response File Routing forms

Complete all applicable fields.

NOTE: There are two Change Healthcare Remittance forms enclosed. Only submit the form applicable to the **Type of business** you are credentialed for: **Professional OR Institutional**. Only submit both if your practice is credentialed for both types of business.

Submit Completed Document:

Email or Fax to Trillium:

pdsupport@trilliumnc.org

252-215-6874

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name			Billing ID	
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name			Billing ID	
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					



835 Response File Routing Change Form

The purpose of this form is to give Providers in the Trillium Health Resources Network, who currently use a Clearinghouse to submit 837 batch claim files, the option to change the delivery location for 835 Response Files. A Provider may elect to have their 835 Response files directly routed to the Clearinghouse instead of receiving 835 Response files in their provider folder. This form may also be used to discontinue the routing of 835 Response files to the Clearinghouse. The Provider folder may also be known as the File Repository within Provider Direct or the File Transfer Protocol (“FTP”) Out-bound folder.

TERMS AND CONDITIONS: *The undersigned acknowledges that he/she is duly authorized to execute this form on behalf of Provider and is authorized to bind Provider to the terms and conditions set forth herein. Provider shall ensure that there is an agreement to process and submit 837 files to Trillium Health Resources on behalf of the Provider with the Clearinghouse named below. Provider is agreeing to allow Trillium Health Resources to place the 835 Response Files directly into the appropriate out- bound folder belonging to the Clearinghouse named below instead of the File Repository within Provider Direct or the FTP Out- bound folder. Furthermore, Provider understands the Clearinghouse will have access to ALL Provider 835 Response Files from routing change implementation date and that file level restrictions cannot be imposed by Trillium Health Resources. Provider also authorizes the Clearinghouse to have FTP Out-bound folder access consistent with the intent of these terms and conditions. Provider further agrees that if the agreement between the Provider and the Clearinghouse is terminated for any reason, the Provider shall immediately notify Trillium Health Resources by completing and submitting a 835 Response File Routing Change Form to discontinue routing 835 Response files to the Clearinghouse.*

***** PLEASE NOTE:** *Documents in the Clearinghouse folder will be subject to deletion after 90 days.*

Please complete the provider information section below and return this form to the IT Department at pdsupport@trilliumnc.org or fax to 252-215-6874. Please allow 7-10 working days for Clearinghouse routing to be set up.

Provider Name: _____ Provider Direct ID# _____

Provider Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Officer Contact Name: _____ Title: _____

Officer Contact Email: _____

Clearinghouse: Emdeon SSI Begin / End Date: _____

Officer Signature: _____ Date: _____
(Must be Executive Level)

For IT Department Use Only

Approved by: _____ Date: _____

System Admin Notification: _____ Date: _____

835 Routing to Clearinghouse: _____ Begin/End Date: _____

Clearinghouse Folder: _____ Begin/End Date: _____

Denied by: _____ Date: _____

Denial Reason: _____