



Tufts Health Plus Plans 837 and 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).
- EDI enrollment processing timeframe is approximately 15 business days.
- To check status of EDI enrollment, please contact Tufts at 888-257-1985 or EDI@tufts-health.com.

837 Claim Transactions and 835 Electronic Remittance Advice:

Tufts Health Plan Electronic Data Interchange (EDI) Intake Form

Complete all applicable fields.

Submit Completed Document:

1. Fax to Tufts Health Plus
857-304-6340



Electronic Data Interchange (EDI)
Intake Form
Fax to: 857-304-6340

Today's date ___/___/___

[] New EDI enrollment [] Change in EDI enrollment

Provider information

For Professional 837, we need the individual provider NPI.

Provider/group name Specialty
Tax ID # NPI #
Additional Tax ID #:
Provider address
City State ZIP
Remittance address
City State ZIP
Provider phone - - Provider fax - -
Contact name Title
Email

Transaction information

Which of the following transactions are you interested in submitting and/or receiving electronically?
Please indicate the submission and/or delivery method by checking all that apply.

Table with 3 columns: Transaction type, Direct submission, Clearinghouse. Rows include 270/271 - Eligibility, 835 - Payment/remittance advice, 837 - Claim submission.

Which type of claims will you submit? Check all that apply. [] Professional [] Institutional

How do you currently submit claims to Tufts Health Public Plans?
Check all that apply. [] Paper [] Direct [] Clearinghouse

Please name the clearinghouse or billing agency you use. _____

EDI submission and testing contact information

Internal Name Phone - -
Email
Vendor Name Phone - -
Email