Utah Health Information
Network (UHIN)
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 enclosed form using the **Group/Billing Provider information as credentialed** with this payer.
- ERA setups are generally completed in approximately **10 business days**.
- To check status of EDI enrollment, please **contact your enrollment specialist at 866-633-4726**.

837 Claim Transactions and 835 Electronic Remittance Advice:
> Complete the enclosed **Clearinghouse Service Change form**.
> **Select only the payers** that are applicable to your enrollment.

Submit Completed form:
> **Email to eSolutions Enrollment,** they will complete this setup.
> **ESH@claimremedi.com**

Clearinghouse Services Change Form

This form is for current UHIN members to change or update their account information or services. **It is not to be used for new enrollments.** Email form to enrollment@uhin.org or fax to 877-693-4161.

UHIN will process this form within 10 business days from the date we receive it. Time to update payers' systems varies by payer.

☐ Add transaction type ☐ Add affiliated trading partner # ☐ Add new payer ☐ Add new provider

Current Trading Partner # (HT######-###)	Specify who you want to receive EDI enrollment confirmations:
Provider Office Contact Information	
Name:	E-mail:
Phone Number:	E-mail:
E-mail:	E-mail:

Clearinghouse (Billing) EDI Enrollment
(If more space is needed, please use the EDI Only Enrollment Supplement Spreadsheet.)

Section 1- Transaction Selection (Check all transactions that you want)		Section 4-Provider Physical Address (No P.O. Box)
*Complete all Sections (1 to 6)		Street:
☐ Dental Claims (837D)	☐ Eligibility (270) Real Time	Office/Suite #:
☐ Institutional Claims (837I)	☐ Eligibility (270) Batch	City:
☐ Professional Claims (837P)	☐ Claim Status (276)	State:
	☐ Remittance Advice (835)	ZIP:

Section 2 – Billing Provider Information	Section 5- Provider "Pay To" Address
Billing Provider Name:	☐ Same as Provider Physical Address
Billing Provider NPI:	Street:
Billing Provider Tax ID:	Office/Suite #:
Section 3-Rendering Provider Information – Use spreadsheet if you need to list multiple providers	City:
Rendering Provider Name:	State:
Rendering Provider NPI:	ZIP:

6- Payer EDI Enrollment (Check all payers that you want to bill) *Government Payers Require a Separate EDI Enrollment	
Chiropractic Health Plans (CHP) **No enrollment required**	
Dental Select **No enrollment required**	
☐ Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) Provider Tax Identification Number (TIN)_____ National Provider Identifier (NPI)_____	
Direct Care Administrators **No enrollment required**	
☐ EMI Health (formerly Educators Mutual/EMIA)	
HSA Health Plan **No enrollment required**	
Public Employees Health Plan (PEHP)	
State Farm- EFT enrollment required	
Tall Tree Administrators **No enrollment required**	
Union Pacific **No enrollment required**	
University of Utah Health Plans- EFT enrollment required	
Valley Behavioral Health	
Valley Health Plan	
Utah Medicaid	