

IMcare (Itasca Medical Care) 835

EDI Enrollment Instructions:

- Complete the form using the provider's billing/group information as credentialed with this payer.
- Once completed, save for your records, print and obtain required information.
- EDI enrollment processing timeframe is approximately 30 business days.
- To check status of EDI enrollment, please contact Change Healthcare at 866-742-4355.

835 Electronic Remittance Advice:

Change Healthcare Remittance Form

Complete the Contact Information sections.

Submit Completed Document:

Email all pages to eSolutions to complete the setup. Do not submit direct to the payer.

ESH@claimremedi.com

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
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					