

EMI HEALTH (SX110) PRE-ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- UHIN Clearinghouse Services Change Form

WHERE SHOULD I SEND THE FORM(S)?

- Email or fax the UHIN Clearinghouse Services Change Form to:
 - Email: enrollment@uhin.org
 - Fax: (877) 693-4161

HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is 5-10 business days

HOW DO I CHECK STATUS?

- Call (877) 693-3071 and ask if you have been linked to Office Ally Trading Partner # HT006842-001.
- EDI approvals are sent to Office Ally. To complete your enrollment follow instructions on the "Note to My Clients Plus" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012



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
6056 Fashion Square Dr. Ste 210
Murray, UT 84107
P: 877-693-3071
www.uhin.org

Date:

0 Update information 0 Add transaction type 0 Add affiliated trading partner # 0 Add new payer 0 Add new provider 0 Remove provider

Current Trading Partner # (HT##### -###)	EDI Contact Information (Could be a Billing Service or Clearinghouse) Same as person filling out this form Company name if billing service or clearinghouse connection:
Provider/Group Name (Name Associated with TPN)	

Provider Office Contact Information	
Name:	Contact Name:
Title:	Title:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
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 3-Provider Physical Address (No P.O. Box)	
*Complete all Sections (1 to 6)		
<input type="checkbox"/> Dental Claims (837D)	<input type="checkbox"/> Eligibility (270) Real Time	Street:
<input type="checkbox"/> Institutional Claims (837I)	<input type="checkbox"/> Eligibility (270) Batch	Office/Suite #:
<input type="checkbox"/> Professional Claims (837P)	<input type="checkbox"/> Claim Status (276)	City:
	<input type="checkbox"/> Remittance Advice (835)	State:
		ZIP:

***Complete Sections 3 and 6 only**

Patient Information (275)

Section 2- Individual Provider Information – Use [spreadsheet](#) if you need to list multiple providers

Provider Name:

Rendering NPI:

Tax ID #:

Taxonomy Code:

Phone Number:

Fax Number:

Section 4- Provider "Pay To" Address

Same as Provider Physical Address

Street:

Office/Suite #:

City:

State:

ZIP:

Section 5 – Group Information

Group Name:

Group NPI:

Tax ID #s:

Taxonomy Code:

Contract #(atypical providers):



Clearinghouse Services Change Form

6- Payer EDI Enrollment (Check all payers that you want to bill)

*Government Payers Require a Separate EDI Enrollment

<input type="checkbox"/> AARP	<input type="checkbox"/> Public Employees Health Plan (PEHP)
<input type="checkbox"/> Aetna	<input type="checkbox"/> Railroad Medicare List PTAN: _____
<input type="checkbox"/> Altius	<input type="checkbox"/> Regence BlueCross BlueShield Of Utah (Includes FEP)
<input type="checkbox"/> Chiropractic Health Plans (CHP)	<input type="checkbox"/> SelectHealth
<input type="checkbox"/> Cigna	<input type="checkbox"/> State Farm
<input type="checkbox"/> Dental Select	<input type="checkbox"/> Tall Tree Administrators
<input type="checkbox"/> Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) <input type="checkbox"/> Provider Tax Identification Number (TIN) _____ <input type="checkbox"/> National Provider Identifier (NPI) _____	<input type="checkbox"/> Tricare
<input type="checkbox"/> Direct Care Administrators	
<input type="checkbox"/> EMI Health (formerly Educators Mutual/EMIA)	<input type="checkbox"/> Union Pacific
<input type="checkbox"/> Equitable Life & Casualty Insurance Company* *For Equitable & all companies in this box, you can receive 835s only. No billing. <input type="checkbox"/> Heartland National Life Insurance Company <input type="checkbox"/> Individual Assurance Company, Life, Health & Accident <input type="checkbox"/> Loyal Christian Benefit Association	<input type="checkbox"/> United HealthCare
<input type="checkbox"/> Humana	<input type="checkbox"/> University of Utah Health Plans
<input type="checkbox"/> Metlife	<input type="checkbox"/> Valley Behavioral Health
<input type="checkbox"/> Molina Healthcare Utah	Other:

[Medicaid Homepage](#)

[Medicaid EDI Enrollment](#)

[Medicare \(Noridian\) EDI Enrollment](#)