



# HealthPlex

### Attention Providers:

In order to start receiving your ERAs for HealthPlex through EDS, you will need to follow the instructions below.

Payer:	HealthPlex
Payer ID:	11271
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Enrollment Application:	<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>
Email or Fax Application to:	<a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (800) 389-9152
Approval Process and Timeframes:	Healthplex automatically sends an ERA for every claim submitted through EDS. ERAs will be delivered automatically delivered to the EDS Portal upon receipt.



## Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (\* indicates required field)

<b>* Payer Name</b>	HealthPlex		
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A. Provider Information			
<b>* Provider Name</b>			
<b>* Provider Address</b>			
Street:			
City:	State/Province:	Zip Code/Postal Code:	
Email Address:			

  

B. Provider Identifiers Information	
<b>* Provider Identifier(s)</b>	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

  

C. Electronic Remittance Advice Information	
<b>* Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</b>	
<input type="checkbox"/> Provider Tax Identification Number (TIN)	
<input type="checkbox"/> National Provider Identifier (NPI)	

  

D. Submission Information	
<b>* Reason for Submission</b>	
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment
<b>Authorized Signature</b>	

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment