

835 Enrollment Instamed Instructions



Instamed ERA Enrollment Instructions

Please copy the link below and paste to your browser to access the Instamed registration page:

https://register.instamed.com/eraeft

Fill out the entries on the following screen and click "Get Started". Please note that a registration code is NOT needed in order to register; this field may be left blank.

staMed Healthcare Payments Accour	nt
egister for your InstaMed Healthcare Payments ccount and get paid!	InstaMed Healthcare Payments Account Register here for an InstaMed Healthcare Payments Account and choose one of our industry leading solution packages.
Please correct the following errors: • <u>Email</u> field is required. • <u>Tax ID</u> field is required. mail *	PAYER PAYMENTS – ERA/EFT Only RECEIVE FREE ERA/EFT FROM MULTIPLE PAYERS TO COLLECT FASTER AND REDUCE COSTS Payer Payments O NO CHARGE
ax ID *	STANDARD – Get Paid More!
egistration Code	✓ Payer Payments ③ NO CHARGE
Get Started	Member Payments Once your Healthcare Payments Account is activated, you will have the opportunity select the payers from whom you would like to receive ERA/EFT. For a list of available payers, view our payer list.
	Learn More



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On the next screen, select "ERA/EFT Only":



Note: For those providers that also serve non-El children, Instamed will still allow El Providers to view their entire remits on the InstaMed Portal, including non-El children. PCG's El Billing system will only post the claims for the El children.



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Fill out the form on the next screen:

Inter Busine	ess Information		
Legal Business Name *		Need Assistance?	
Doing Business A	s (DBA)		(215) 789-3882
Business Address	*		
City *	State *	Zip *	
Use Business Add ☑	dress for Mailing Address		
Phone *			
(000) 000-0000			
Business Website			
Principal First Nar	ne *		
Principal Last Nan	ne *		
Practice Managem	nent System *		
Remittance Delive	ny		
Public Consulting Gro	up + Provider Portal	▼	
Enter the billing p include service p	provider NPI(s) for your organiz rovider NPI(s) unless your orga	zation below. You do not need to anization uses them for billing.	
Billing Provider N	PI * Billing	Provider Name *	
		Add Provider	
Rock	Next		

For <u>Remittance Delivery</u>, in the drop-down menu, choose:

Public Consulting Group

On the final screen, enter your banking information and submit. You should receive a confirmation email shortly after submitting. If you do not receive a confirmation, please contact the SFA at <u>NYSFAEIP@pcgus.com</u>.