

Enroll through Change Healthcare to receive an 835 file, also referred to as Electric Remittance Advice (ERA). Providers who receive ERA are eligible to sign-up for electronic funds transfer (EFT) claims payments from Peoples Health.

Payer ID for Peoples Health
72126

Change Healthcare
Toll Free Number
866.924.4634

To sign up for 835, Electronic Remittance Advice (ERA):


- Hospital and ancillary facilities, access the institutional enrollment form:
<https://support.changehealthcare.com/customer-resources/enrollment-services>
- Physicians and clinicians, access the professional enrollment form:
<https://support.changehealthcare.com/customer-resources/enrollment-services>
 - Use Payer ID **72126** to find the enrollment form
 - Complete all fields then save the form.
NOTE: You must have your Tax ID Number (TIN) and call Change Healthcare in order to obtain your unique Submitter ID and Submitter Name. These fields are required. Change Healthcare will not allow Peoples Health to obtain the identifier on your behalf.
 - Attach the completed form and email it to batchenrollment@changehealthcare.com, as directed in the form instructions
 - Once your completed form is processed by Change Healthcare, Peoples Health will receive notification of the enrollment and set the provider up in our system
 - It may take up to four weeks to complete provider set-up, depending on the number of requests received

See the next page for more on where to find ERA enrollment forms on Change Healthcare's site.

Active users can login to review ERA at <https://office.emdeon.com>.

Click one of the links above to access Change Healthcare's ERA Enrollment Form search page.

Enter payer ID 72126, click the search icon, and then select the correct enrollment form. Send enrollment requests according to instructions at the top of the form.

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Each provider must be set up in the Change Healthcare system to receive ERA files. A provider can submit an enrollment form themselves, or instruct their vendor to use our self-service enrollment portal to link you to the payer(s). If your vendor does not have access to the self-service portal, please see our category table below.

1. Step One: Specific payers require additional ERA enrollment paperwork to be completed for submission of claims. Please check the [Change Healthcare Payer List](#) for each payer's ERA Enrollment Requirements.
2. Step Two: If ERA paperwork is required by a payer, you must receive an approval from the payer prior to ERAs being received.

***NOTE: If hard-copy forms are submitted by a vendor that has on-line access to the Change Healthcare portal, the hard-copy forms will be rejected.

Commonly Used ERA Enrollment Forms

- ERA Merge Group Change of Vendor – PSF – Change of vendor
- ERA Merge Group Provider Setup Form – Create a merge group (splitting of ERA files)
- FTP TSO Request Form – Initial TSO Request for File Transfer Protocol (Vendor Only)
- SFTP TSO REQUEST FORM – Initial TSO Request for Secure File Transfer Protocol (Vendor Only)

72126

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Results 1-5 of 5 for 72126 in 0.27 seconds Best Match ▼

PHYSICIAN FORM →	PEOPLES HEALTH NETWORK 72126 - PROF ERA	72126
HOSPITAL/ANCILLARY FORM →	PEOPLES HEALTH NETWORK 72126 - INST ERA	72126