



## AVAILITY ENROLLMENT FORM

PAYER ID: 23223

PAYER NAME: THE LOOMIS COMPANY

Required: Submission of this form indicates the completion of the enrollment instructions.

Enter Provider Information (print or type)		
Provider Organization Name		
Provider Tax ID		Provider/Group NPI
Availity Customer ID (Required)		Provider Legacy ID (if available)
Provider Billing Address		
City		State Zip
Authorized Name		Phone
Email Address		
Choose which transaction you are enrolling (Claims, Remits, or Both):		


## Enrollment Instructions

Please complete the attached enrollment instructions.

Questions: Please contact Smart Data Solutions at 855-297-4436 or [stream.support@sdata.us](mailto:stream.support@sdata.us)

## Stone Eagle/V-Pay Enrollment Instructions

1. To opt in to receive 835s, you must begin by contacting Stone Eagle.
  1. To contact Stone Eagle, please use the VPay number found on the payment page with the payer you are attempting to enroll with.
  2. If you do not have this number, or do not have a payment page, you may call 877-714-3222
2. A Stone Eagle representative will then initiate a portal account for you and request the following basic information:
  - Contact Name
  - Contact Phone
  - Contact Email
3. Once the portal account has been activated, you will receive an email with a user name and temporary password to log in to the portal and instructions on how complete your enrollment.
4. Log in to the portal using the instructions from the email and complete your enrollment



**Provider Information**

Name:

Doing Business As (DBA):

**Provider Address**

Address Line 1:

5. To have your ERAs routed to another clearinghouse, choose the “Clearinghouse” option under the Electronic Remittance Advice Information section, and then click “Add Payer.”

**Electronic Remittance Advice Information**

ERA Enrollment: ☒ Yes - I would like to receive ERAs  
☐ No - I would not like to receive ERAs

Method of Retrieval: ☒ Clearinghouse  
☐ Portal

**Clearinghouse Information**

\* Payer Name: The Loomis Company \* Payer ID: 49718

\* Clearinghouse Name: -- Choose One -

Add Payer

6. Click on the Payer Name drop down menu and select the payer you wish to receive ERAs for.

**Electronic Remittance Advice Information**

ERA Enrollment: ☒ Yes - I would like to receive ERAs  
☐ No - I would not like to receive ERAs

Method of Retrieval: ☒ Clearinghouse  
☐ Portal

**Clearinghouse Information**

\* Payer Name: The Loomis Company (selected)  
The Loomis Company  
Stirling Benefits  
Keenan  
IPMG  
KG Administrative Services  
Consociate  
Corporate Benefit Services  
EBAM  
Healthgram, Inc.  
HSB Commerce Benefits Group  
HSBS Oklahoma City (f. Mutual Assurance Admin)  
American Republic Insurance  
American Family Insurance  
Continental General  
Central Reserve Life  
Medico  
RCI  
Florida Health Care Plan  
Healthsmart Benefits (Denver)  
American Administrative Group  
HSB MedSave USA  
WebTPA  
Actuarial Managements Resources  
Oxford Life  
Reserve National  
United Group Programs Inc

\* Payer ID: 49718

\* Clearinghouse Name: -- Choose One -

Add Payer

**Submission**

Reason for sub: ☒ New Enrollment  
☐ Change Enrollment  
☐ Cancel Enrollment

**Authorized S**

\* Signature:

Submission Date: 2017-03-10

7. Click the Clearinghouse Name drop down menu to choose the clearinghouse you wish to have your ERAs routed to.

The screenshot shows a web form titled "Electronic Remittance Advice Information". It contains several sections: "ERA Enrollment" with radio buttons for "Yes - I would like to receive ERAs" (selected) and "No - I would not like to receive ERAs"; "Method of Retrieval" with radio buttons for "Clearinghouse" (selected) and "Portal"; "Clearinghouse Information" with a text field for "Payer Name" containing "The Loomis Company", a text field for "Clearinghouse Name", and an "Add Payer" button; "Submission Information" with a "Reason for submission" field; "Authorized Signature" with a "Signature" field; and a "Submission Date" field containing "2017-03-10". A dropdown menu for "Clearinghouse Name" is open, showing a list of clearinghouses including Availity, Claim.MD, ClaimsNet, DentalXChange, eMedix, Encoda, eProvider Solutions, eSolutions (Claim Remedi), eTactics, Experian Health, GE Centricity, Greenway Health, Health Care IP, Healthcare Pays Network, LLC, HealthEWeb, InfiniEDI, Inmar, Instamed, Kareo, MedAssets, Navicare, Office Ally, OptumInsight, OS Inc, PNC Bank, Practice Insight, Quadax, Relay Health, Rycan, and CCI.

**Electronic Remittance Advice Information**

ERA Enrollment: ☒ Yes - I would like to receive ERAs  
☐ No - I would not like to receive ERAs

Method of Retrieval: ☒ Clearinghouse  
☐ Portal

**Clearinghouse Information**

\* Payer Name: The Loomis Company

\* Clearinghouse Name:

Add Payer

**Submission Information**

Reason for submission:

**Authorized Signature**

\* Signature:

Submission Date: 2017-03-10

-- Choose One --

- Availity
- Claim.MD
- ClaimsNet
- DentalXChange
- eMedix
- Encoda
- eProvider Solutions
- eSolutions (Claim Remedi)
- eTactics
- Experian Health
- GE Centricity
- Greenway Health
- Health Care IP
- Healthcare Pays Network, LLC
- HealthEWeb
- InfiniEDI
- Inmar
- Instamed
- Kareo
- MedAssets
- Navicare
- Office Ally
- OptumInsight
- OS Inc
- PNC Bank
- Practice Insight
- Quadax
- Relay Health
- Rycan
- CCI

8. Complete the enrollment form and click "Submit." This should bring you to the homepage with a list of available payers. If you see this list, your enrollment is complete.
9. You will begin receiving 835s 3~6 business days from the date of your completed enrollment.