eProvider Solutions- How do I submit an enrollment request?

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Submitting enrollment requests through the ePS integrated portal is fast, easy, and efficient. Here is how you can request enrollments, and take care of any necessary paperwork all without leaving your DrChrono account.

Before beginning your enrollment requests, ensure that the billing information under Account > Provider Settings and Account > Offices is correct. The portal will pull information from those areas to complete the request.

To begin -

- 1. Navigate to Billing > Enrollment
 - a. The first screen will ask you to enter contact information for a responsible party in your office. This does not necessarily need to be the person authorized to sign the forms, but rather someone responsible for gathering any signatures or additional information and seeing that the enrollments are complete.
- 2. Once the information is filled in, select Create.

ichedule Clinical Patients Reports	Billing	Account Mark	etplace Help	> * X			
Billing Summary		Enrollment	Start New	Continue Unsubmitted Manage Submitted			
ive Claims Feed		-		New Enrollment - Responsible Party Contact Information			
Patient Payments 2.0							
Day Sheet				Please specify who we can contact about the agreements First Name			
ransactions				Last Name			
Remittance Reports				Phone Number			
Inmatched ERAs				Contact Email			
Accounts Receivable							
Patient Statements				Create			
Product / Procedure							
Balance / Ledger							
ee Schedule							
Inderpaid Items							
djustment Master							
Sales Tax							
Silling Log							

3. The next screen will ask you which NPI you are submitting the request under. Press the box to the left of the NPI to select. The system will pull demographic information associated with the NPI for verification. Once selected and the information verified, press **Continue**.

Enrollment	Start New	Continue Unsubmitted Manage Submitted						
		New Enrollment - Select NPIs						
		Selected	NPI	Owner				
		0	9876543210					
		0	4503280941					
		0	1234578900					
		0	5286621722					
		Back Con	tinue					
		Con						

- The next screen contains 3 separate tabs:
 - Start New Use this tab to submit an initial enrollment request
 - **Continue Unsubmitted** Here is where you can continue to work on a request that has not been submitted
 - **Managed Submitted** Here is where you can see the status of any submitted enrollment request, check the status, and receive/sign/upload any required paperwork.

Enrollment	Start New	Continue Unsubmitted	Manage Submitted	

The payers and transaction types listed are all that you can request through EProvider Solutions. To help narrow down the list, you can search by Payer Name, Payer ID, Payer Type, or Transaction Type. Once you find the one(s) you would like to enroll with, press **Add** on the left.

Enroliment	Start New	Continue Uns	submitted Manage Subm	itted					
		New Enro	llment - Select Paye	rs					
		Payer Name		Payer ID		Payer Type		Transaction Type	
		Payer Name		Payer ID		All	~	All 🗸	
		Search							
									1000
		Available Payer	3						Next 1/354
			Payer		State	Payer ID	Payer Type	Transaction Type	
		Add	1199 NATIONAL BENE	FIT FUND		13162	Commercial Insurance	eligibility	
		Add	1199 NATIONAL BENE	FIT FUND		13162	Commercial Insurance	remittance	
		Add	1199 NATIONAL BENE	FIT FUND		13162	Commercial Insurance	institutional	
		Add	1199 NATIONAL BENE	FIT FUND		13162	Commercial Insurance	professional	
		Add	1-888-OHIOCOMP (Oh	io BWC)		31147	Commercial Insurance	institutional	
		Add	1-888-OHIOCOMP (Oh	io BWC)		31147	Commercial Insurance	professional	
		Add	21St Century			51028	Commercial Insurance	professional	
		Add	21St Century			41556	Auto Accident	institutional	
		Add	360 Alliance Gilsbar			88053	Commercial Insurance	institutional	
		Add	3P Administrators			20413	Commercial Insurance	remittance	
		Add	3P Administrators			20413	Commercial Insurance	institutional	
		Add	3P Administrators			20413	Commercial Insurance	professional	
		Add	6 Degrees Health Incor	porated		20446	Commercial Insurance	institutional	

Once you have selected all of the payers selected, you will be given a chance to take one final look before they are submitted. If all looks good, press **Submit**.

Enrollment	Start New	Continue Unsubmitted Manage Submitted										
		Review and Submit Please review the following information regarding the requested enrollments. If everything looks correct, press the Submit button to submit the enrollment requests.										
		NPI Payer Payer ID Payer Type Transaction Type Provider ID Taxonomy Code										
		9876543210	Aetna	60054	Commercial Insurance	eligibility 207R00000X						
		9876543210	Aetna	60054	Commercial Insurance	remittance	207R00000X					
	9876543210 Aetna 60054 Commercial Insurance professional 207R00000X											
		Back Submit										

As the request processes, you may see a status bar on the screen. Once complete, it will show you which requests are automatically approved and which may need additional information.