



Iowa Medicaid

Instructions for completing enrollment for EDI:

Go to the payer's website: <http://www.edissweb.com/gen/forms/onboard.html>

- Select IOWA
- Select the link: <https://noridian.totalonboarding.com>

Directions for completing the payor's online registration is available at:
http://www.edissweb.com/docs/shared/provider_tob_manual.pdf

- Select "Provider User Guide"
- Follow instructions for Self Registration

Use the following information to complete the vendor portion of the payer agreements:

Vendor Name: Infinedi CH00212
Vendor Contact Name: Registration Team
Software Product Name: N/A
Phone Number: (800)527-8133
Fax Number: (916)267-2963

Once the above steps are completed fill in the information below and fax to Infinedi at 918-249-4460. We will let you know when we receive the approval to file your Medicaid claims electronically.

Provider Name: _____
NPI: _____
Tax ID: _____
Payor Assigned Submitter #: IA _____

By completing and submitting this form I am confirming the completion of the enrollment process at the payer's website:

Date completed: _____
Complete by: _____