



Directions

Please complete the form below and click 'Submit'. Fields marked with an (*) are required. We protect the privacy of your message with [SSL encryption](#).

Enrollment Field Definitions

Provider Name - Complete legal name of institution, corporate entity, practice or individual provider

Doing Business as Name (DBA) – A legal term used in the United States meaning that the trade name, or fictitious business name under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.

Provider Street - The number and street name where a person or organization can be found

Provider City - City associated with provider address field

Provider State/Province – ISO3166-2 Two Character Code associated with the State/Province/Region of the applicable Country

Provider Zip Code/Postal Code - System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

Country Code – ISO-3166-1 Country Code

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

National Provider Identifier (NPI) – A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

Assigning Authority – Organization that issues and assigns the additional identifier requested on the form, e.g. Medicare, Medicaid

Trading Partner ID – The provider's submitted ID assigned by the health plan or the provider's clearinghouse or vendor

Provider License Number

Provider License Issuer

Provider Type - A proprietary health plan-specific indication of the type of provider being enrolled for ERA with specific provider type description included by the health plan in its instruction and guidance for ERA enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)

Provider Taxonomy Code – A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including provider Type, Classification and Area of Specialization

Provider Contact Name - Name of a contact in provider office for handling ERA issues



Provider Contact Title

Provider Contact Telephone Number - Associated with contact person

Provider Contract Telephone Number Extension

Provider Contact Email Address - An electronic mail address at which the health plan might contact the provider

Provider Contact Fax Number – A number at which the provider can be sent facsimiles

Provider Agent Name - Name of provider's authorized agent

Provider Agent Street - The number and street name where a person or organization can be found

Provider Agent City - City associated with address field

Provider Agent State/Province – ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country

Provider Agent Zip Code/Postal Code - System of postal-zone codes (zip stands for "zone improvement plan") Introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

Provider Agent Country Code – ISO-3133-1 Country Code

Provider Agent Contact Name - Name of a contact in agent office for handling EFT issues

Provider Agent Contact Title

Provider Agent Contact Telephone Number - Associated with contact person

Provider Agent Contract Telephone Number Extension

Provider Agent Contact Email Address - An electronic mail address at which the health plan might contact the provider

Provider Agent Contact Fax Number - A number at which the provider can be sent facsimiles

Federal Agency Information – Information required by the Veterans Administration

Federal Program Agency Name

Federal Program Agency Identifier

Federal Agency Location Code

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)

Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)



Method of Retrieval – The method in which the provider will receive ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

Clearinghouse Name - Official name of the provider's clearinghouse

Clearinghouse Contact Name – Name of contact in clearinghouse office for handling ERA issues

Clearinghouse Contact Telephone Number – Telephone number of contact

Clearinghouse Contact Email Address – An electronic mail address at which the health plan might contact the provider's vendor

Vendor Name - Official name of the provider's vendor

Vendor Contact Name – Name of a contact in vendor office for handling ERA issues

Vendor Contact Telephone Number – Telephone number of contact

Vendor Contact Email Address – An electronic mail address at which the health plan might contact the provider's vendor

Vendor IP Address – The Internet Protocol (IP) Address by which communication is allowed between the Vendor and the health plan

Reason for Submission – new, changed or canceled enrollment

Authorized Signature - The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

Electronic Signature of Person Submitting enrollment

Written Signature of Person Submitting Enrollment – A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity

Printed Name of Person Submitting Enrollment – The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment

Printed Title of Person Submitting Enrollment – The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment

Submission Date – The date on which the enrollment is submitted

Requested ERA Effective Date – Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: There may be a dual delivery period depending on whether the entity has such an agreement with its trading partner



Please check the box where you would like to receive your electronic 835 from

M2: _____ CAQH: _____

Provider Information

*Provider Name: _____

Doing Business as Name (DBA): _____

*Provider Street: _____

*Provider City: _____

*Provider State/Province: _____ *Zip Code/Postal Code: _____

Provider Country Code: _____

*Provider Tax ID: _____

*Provider NPI: _____

Assigning Authority: _____

Trading Partner ID: _____

Provider License Number: _____ License Issuer: _____

Provider Type: _____

Provider Taxonomy Code: _____

Provider Contact/Agent Information

*Provider Contact Name: _____ Title: _____

*Provider Contact Telephone Number: _____ Telephone Number Ext: _____

*Provider Contact Email Address: _____ Provider Contact Fax Nbr: _____

*Provider Agent Name _____

*Provider Agent Street: _____

*Provider Agent City: _____

*State/Province: _____ *Zip Code/Postal Code: _____

Provider Agent Country Code: _____



*Provider Agent Contact Name: _____ Title: _____

*Provider Agent Contact Telephone Number: _____ Telephone Nbr Ext: _____

*Provider Agent Contact Email Address: _____

Provider Agent Contact Fax Number: _____

Federal Agency Information

Federal Program Agency Name: _____

Federal Program Agency Identifier: _____

Federal Agency Location Code: _____

Electronic Remittance Advice Information

*Preference for Aggregation of Remittance Data:

Provider Tax ID: _____ Provider NPI: _____

*Method of Retrieval: _____

Electronic Remittance Advice Clearinghouse Information

*Clearinghouse Name: _____

Clearinghouse Contact Name: _____

Clearinghouse Contact Telephone Number: _____

Clearinghouse Contact Email Address: _____



Electronic Remittance Advice Vendor Information

*Vendor Name: _____

Vendor Contact Name: _____

Vendor Contact Telephone Number: _____

Vendor Contact Email Address: _____

*Vendor IP Address: _____

Submission Information

*Reason for Submission

New Enrollment: _____

Change Enrollment: _____

Cancel Enrollment: _____

*Authorized Signature: _____

Written Signature of Person Submitting Enrollment: _____

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: _____

Requested ERA Effective Date: _____