

# 835 ENROLLMENT REQUEST

## Genesis Medical Group – GMG01



Email this completed form to [edisupport@allcaretoyou.com](mailto:edisupport@allcaretoyou.com). Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete.

### Provider Information

Provider Name:

Provider Address:

### Provider Identifier Information

Provider Federal Tax Identification Number (TIN)  
OR Employer Identification Number (EIN):

National Provider Identifier (NPI):

### Provider Identifier Information

Provider Contact Name:

Telephone Number:

Fax Number:

Email Address:

### Electronic Remittance Advice Information

Preference for Aggregation  
Of Remittance Data:

**Note:** Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

### Electronic Remittance Advice Information

Reason for Submission:

Authorized Signature:

**Note:** Electronic Signature (typed name) of Person Submitting ERA Enrollment.