



## WHICH FORM(S) SHOULD I DO?

- Remit Provider Set-Up Request

## WHERE SHOULD I SEND THE FORM(S)?

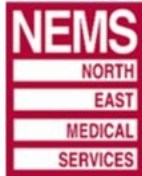
- Email to [msoedi@nems.org](mailto:msoedi@nems.org)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 24 hours

## HOW DO I CHECK STATUS?

- Send an email to [msoedi@nems.org](mailto:msoedi@nems.org) or call (415) 352-5186 to check your ERA enrollment status.



東北醫療中心

Management Services Organization (MSO)

2171 Junipero Serra Boulevard, Suite 600

Daly City, CA 94014

Phone (415) 352-5186 Fax (415) 398-2895

## NORTH EAST MEDICAL SERVICES (NEMS)

Remit

### Provider Set-Up Request

Please link the below provider to Office Ally for electronic remits.

Provider Name \_\_\_\_\_

Provider Federal Tax Identification Number (TIN) or Employer Identification

Number (EIN) \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_

Provider Contact Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_