



# 1199 NATIONAL BENEFIT FUND (13162) ERA ENROLLMENT INSTRUCTIONS

## WHAT FORM(S) SHOULD I DO?

- **Emdeon ERA Enrollment Form**
- **Electronic Remittance Advice (ERA) Authorization Agreement**

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

- Email the Emdeon ERA Enrollment form to [Support@officeally.com](mailto:Support@officeally.com)
  - Email Subject should read “**Emdeon ERA Enrollment**”
- Email Electronic Remittance Advice (ERA) Authorization Agreement form to [BatchEnrollment@changehealthcare.com](mailto:BatchEnrollment@changehealthcare.com)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 15 business days.



# EMDEON ERA ENROLLMENT FORM

In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to [Support@officeally.com](mailto:Support@officeally.com), the Email Subject should read: Emdeon ERA Enrollment.

## PAYER NAME AND PAYER ID:

## 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 CONTACT INFORMATION:

Provider Contact Name:

Telephone 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.

## SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

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



## Electronic Remittance Advice (ERA) Authorization Agreement

Page 1 – Definitions for DEG group data elements contained in Appendix.

<b>DEG1</b>	<b>PROVIDER INFORMATION</b>									
Provider Name										
Doing Business As Name (DBA)										
Provider Address Street										
City										
State/Province										
Zip Code/Postal Code										
<b>DEG2</b>	<b>PROVIDER IDENTIFIERS INFORMATION</b>									
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)										
National Provider Identifier (NPI)										
<b>DEG3</b>	<b>PROVIDER CONTACT INFORMATION</b>									
Provider Contact										
Telephone										
Email										
Fax										
<b>DEG7</b>	<b>ELECTRONIC REMITTANCE ADVICE INFORMATION</b>									
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below										
Provider Tax Identification Number (TIN)										
National Provider Identifier (NPI)										
Method of Retrieval										
<b>DEG8</b>	<b>ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION</b>									
Clearinghouse Name	EMDEON									
Clearinghouse Contact Name	ENROLLMENT HELP DESK									
Telephone Number										
Email Address	payerregistration@emdeon.com									
<b>DEG10</b>	<b>SUBMISSION INFORMATION</b>									
Reasons For Submission – Select from below										
<input type="checkbox"/> <b>New Enrollment</b> <input type="checkbox"/> <b>Change Enrollment</b> <input type="checkbox"/> <b>Cancel Enrollment</b>										

**Electronic Remittance Advice (ERA) Authorization Agreement**

Page 2 – Definitions for DEG group data elements contained in Appendix.

**Authorized Signature**

Written Signature of Person  
Submitting Enrollment

Printed Name of Person  
Submitting Enrollment

Printed Title of Person  
Submitting Enrollment

**Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.**