



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
 - Email Subject should read “**Emdeon ERA Enrollment**”
- Email Electronic Remittance Advice (ERA) Authorization Agreement form to 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, 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.

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					



Electronic Remittance Advice (ERA) Authorization Agreement

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

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



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.