



# 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.

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					



## ERA Registration/Authorization Form

The following information is required to facilitate the ERA Enrollment and Authorization process. Please complete this form as indicated. When finished, click the SUBMIT button in the top right corner of the page.

ERA enrollment for this payer takes approximately 2 weeks.

If you have questions or need assistance with this process, please contact  
1-800-527-8133 Option 1

Provider/Billing Name: \_\_\_\_\_

\* Note: If billing as a group, use the Group name

Billing NPI: \_\_\_\_\_

\* Note: If billing as a group, use the Group NPI number.

Tax ID: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\*Note: This is the address where payment is sent.

Contact Name: \_\_\_\_\_

Preferred Contact Method:

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_