

# 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 indicate "Emdeon ERA Enrollment"
- Email Electronic Remittance Advice (ERA) Authorization Agreement form to [batchenrollment@changehealthcare.com](mailto:batchenrollment@changehealthcare.com)

## WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- 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 INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:

## PROVIDER INFORMATION:

**Provider Name:**

**Provider Address:**

## PROVIDER IDENTIFIERS 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.

<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											
Telephone Number		ENROLLMENT HELP DESK									
Email Address		payerregistration@emdeon.com									
<b>DEG10</b>		<b>SUBMISSION INFORMATION</b>									
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

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Printed Name of Person  
Submitting Enrollment

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Printed Title of Person  
Submitting Enrollment

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**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.**