



AETNA BETTER HEALTH OF CALIFORNIA (128CA) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- [Aetna Better Health of California Electronic Remittance Advice \(ERA\) Enrollment Form](#)
- **Emdeon ERA Enrollment Form**
 - NOTE: This form is emailed to Office ally, not Emdeon.

WHERE SHOULD I SEND THE FORM(S)?

- Fax the Aetna ERA form to (844) 866-8349 or email it to CaliforniaProviderRelationsDepartment@aetna.com
- Email the Emdeon ERA Enrollment Form to Support@officeally.com

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Office Ally will process your Emdeon ERA Enrollment Form within 24-48 hours.
- Aetna will process your enrollment form within 10-15 business days.

HOW DO I CHECK STATUS?

- To check the status, email CaliforniaProviderRelationsDepartment@aetna.com



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.