



# AETNA BETTER HEALTH OF NEW JERSEY (46320) ERA ENROLLMENT INSTRUCTIONS

## WHAT FORM(S) SHOULD I DO?

- [Aetna Better Health of New Jersey 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) 219-0223 or email it to [AetnaBetterHealth-NJ-ProviderServices@aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@aetna.com)
- Email the Emdeon ERA Enrollment Form to [Support@officeally.com](mailto: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 [AetnaBetterHealth-NJ-ProviderServices@aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@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](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.