

ACCESS MEDICARE / CUATRO LLC (19305) ERA ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- [Emdeon EnrollNow \(Click here\)](#)
 - **NOTE:** This is completed online.
 - Office Ally supports only the payers listed on the Emdeon ERA Enrollment form below. Do not choose payers that are listed on the Emdeon ERA Enrollment form when completing the EnrollNow online form.
- Emdeon ERA Enrollment Form
- Access Medicare EDI Form

WHERE SHOULD I SEND THE FORM(S)?

- **Emdeon EnrollNow** is completed online
 - **NOTE:** If the payer you're enrolling for is not listed on this webpage, just enter the provider information and click Submit. The payer information will be entered on the Emdeon ERA Enrollment form.
- **Emdeon ERA Enrollment Form**
 - Save and email the form to support@officeally.com
 - Make sure that the email subject is: **Emdeon ERA Enrollment**
- **Access Medicare EDI Form**
 - Fax to (646) 607-1449; or
 - Email to pvittini@accessmedicareny.com

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
- The payer will process your request within 7-14 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 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.



Cuatro LLC d/b/a Access Medicare

EDI Form – Payor ID# 19305

Physician/Hospital/Group Information

Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Tax Identification Number: _____

NPI Billing Number: _____

Contact Billing Information

Contact Person: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Pay to Name: _____

Pay to Address: _____

Special Instructions:

Access EDI form must contain all information required

Submit Complete Form to:

FAX: 646-607-1449

Email: pvittini@accessmedicareny.com