

AETNA BETTER HEALTH OF TEXAS (38692) ERA ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

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

WHERE SHOULD I SEND THE FORM(S)?

- Fax the Aetna ERA form to (866) 510-3710 or email it to TXProviderEnrollment@aetna.com
- Email the Emdeon ERA Enrollment form to support@officeally.com

WHAT IS THE TURN AROUND TIME?

- 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 CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check status, email TXProviderEnrollment@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 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.