



# BRAVEN HEALTH (84367) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- [Electronic Remittance Advice \(835\) Enrollment](#)

## WHERE SHOULD I SEND THE FORM(S)?

- Email to [BravenEDI@BravenHealth.com](mailto:BravenEDI@BravenHealth.com); OR
- Fax to (973) 522-4665

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 24-72 hours

## HOW DO I CHECK STATUS?

- Send an email to [BravenEDI@BravenHealth.com](mailto:BravenEDI@BravenHealth.com) to ask if you have been linked to Office Ally for ERAs.