

**WHICH FORM(S) SHOULD I COMPLETE?**

- ECHO EFT/ERA Enrollment Form
  - Follow Instructions at the top of the form.
  - To request ERA for multiple payers, select all those that apply using the attached list.

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

Email to [EDI@EchoHealthinc.com](mailto:EDI@EchoHealthinc.com) OR

Postal mail to: ECHO Health Inc.  
810 Sharon Drive  
Westlake, OH 44145

**WHAT IS THE TURNAROUND TIME?**

- The time it takes ERAs to start coming through to Office Ally is dependent upon each individual payer. Generally, ERAs can take anywhere from 14 to 45 business days to begin coming through.

**HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?**

- To check the status of your enrollment request, please contact at ECHO at 440-835-3511 or by email at [EDI@EchoHealthinc.com](mailto:EDI@EchoHealthinc.com)

## EFT (Electronic Funds Transfer) and ERA (Electronic Remittance Advice) Enrollment Form

### INSTRUCTIONS

- » This is a fillable form. Type your information into the form on your screen, or print the form and fill in the information.
- » Complete all sections that apply to your enrollment choice (EFT, ERA, or both EFT and ERA).
- » Enrollments are handled at the TAX ID level. All NPIs associated with the specified TIN will be automatically enrolled.
- » If your TAX ID would like to receive payments via more than one bank account, please contact EDI@EchoHealthinc.com.
- » Be sure to sign the form. Postal mail or email the completed form (secure email recommended). Postal mail: ECHO Health, Inc., 810 Sharon Drive, Westlake, Ohio 44145. Email: EDI@EchoHealthinc.com.
- » For information about the status of your enrollment, or for any other questions, please contact ECHO at 440.835.3511 or EDI@EchoHealthinc.com.

**You will need to contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation.**

**Payer / Insurance Company Name:** \_\_\_\_\_  
(Please specify only one Payer per form)

For security purposes, please supply an ECHO Draft Number and matching Draft Amount to validate against your Tax ID. The Draft Number will be a 9-digit payment number beginning with a 1 or a 9. **NOTE:** For **ERA only**, Draft Number and Draft Amount are **not required**.

**ECHO Draft Number** \_\_\_\_\_ **ECHO Draft Amount \$** \_\_\_\_\_

#### 1-Form Select (Required)

☐ EFT & ERA ☐ EFT Only ☐ ERA Only

#### 2-Provider Information (Required)

**Provider Name:** \_\_\_\_\_  
(Complete legal name of institution, corporate entity, practice or individual provider)

**Street:** \_\_\_\_\_  
(The number and street name where a person or organization can be found)

**City:** \_\_\_\_\_ **State/ Province:**  **ZIP Code/Postal Code:** \_\_\_\_\_  
(City associated with provider address field) (ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.) (System of postal-zone codes [zip stands for "zone improvement plan"] introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.)

#### 3-Provider Identifiers Information (Required)

##### Provider Identifiers

**Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):** \_\_\_\_\_  
(A Federal Tax Identification Number, also known as an Employer Identification Number [EIN], is used to identify a business entity)

**Does provider have a National Provider Identifier (NPI) Number?** ☐ Yes ☐ No

**If "Yes," enter NPI. National Provider Identifier (NPI):** \_\_\_\_\_

(A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.)

**4-Provider Contact Information** (Required for **EFT Only** or for **EFT & ERA** "Form Select" choice)

Provider Contact Name:

(Name of contact in provider office for handling EFT issues)

Telephone Number:

(Associated with contact person)

E-mail Address:

(An electronic mail address at which the health plan might contact the provider)

**4A-Provider Contact Information** (Required for **ERA Only** or for **EFT & ERA** "Form Select" choice)

Provider Contact Name:

(Name of contact in provider office for handling ERA issues)

Telephone Number:

(Associated with contact person)

E-mail Address:

(An electronic mail address at which the health plan might contact the provider)

**5-Provider Agent Information** (If Applicable and you selected **EFT Only** or **EFT & ERA** "Form Select" choice)

Provider Agent Name:

(Name of provider's authorized agent)

Provider Agent Contact Name:

(Name of contact in agent office for handling EFT issues)

Telephone Number:

(Associated with contact person)

E-mail Address:

(An electronic mail address at which the health plan might contact the provider)

**5A-Provider Agent Information** (If Applicable and you selected **ERA Only** or **EFT & ERA** "Form Select" choice)

Provider Agent Name:

(Name of provider's authorized agent)

Provider Agent Contact Name:

(Name of contact in agent office for handling ERA issues)

Telephone Number:

(Associated with contact person)

E-mail Address:

(An electronic mail address at which the health plan might contact the provider agent)

**6-Financial Institution Information** (Required for **EFT Only** or for **EFT & ERA** "Form Select" choice)

Financial Institution Name:

(Official name of the provider's financial institution)

Financial Institution Routing Number:

(A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited)

Type of Account at Financial Institution:

(The type of account the provider will use to receive EFT payment, e.g., Checking, Saving)

Provider's Account Number with Financial Institution:

(Provider's account number at the financial institution to which EFT payments are to be deposited)

**Account Number Linkage to Provider Identifier. Select one option below.**

(Provider preference for grouping [bulking] claim payments – must match preference for v5010 X12 835 advice)

☐

Provider Tax Identification Number (TIN)

☐

National Provider Identifier (NPI)

**7-Electronic Remittance Advice Information** (Required for **ERA Only** or **EFT & ERA** "Form Select" choice)

**Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)**

(Provider preference for grouping [bulking] claim payment remittance advice – must match preference for EFT payment)

Does provider have a National Provider Identifier (NPI) Number? ☐ Yes ☐ No

Provider Tax Identification Number (TIN):

(Required if NPI is not applicable)

National Provider Identifier (NPI):

(Required if TIN is not applicable)

Method of Retrieval:

(The method in which the provider will receive the ERA from the health plan [e.g., download from health plan website, clearinghouse, etc.])

**8-Electronic Remittance Advice Clearinghouse Information** (Required for **ERA Only** or **EFT & ERA** "Form Select" choice)

Clearinghouse Name:

(Official name of provider's clearinghouse)

Clearinghouse Contact Name:

(Name of a contact in the clearinghouse office for handling ERA issues)

Clearinghouse Telephone Number:

(Telephone number of contact)

Clearinghouse E-mail Address:

(An electronic mail address at which the health plan might contact the provider's clearinghouse)

**9-Electronic Remittance Advice Vendor Information** (Required for **ERA Only** or **EFT & ERA** "Form Select" choice)

Vendor Name:

(Official name of provider's vendor)

Vendor Contact Name:

(Name of a contact in vendor office for handling ERA issues)

Vendor Telephone Number:

(Telephone number of contact)

Vendor Email Address:

(An electronic mail address at which the health plan might contact the provider's vendor)

**10-Submission Information** (Required)

Reason for Submission: ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

Printed Name of Person Submitting Enrollment:

(The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment)

Submission Date (YYYYMMDD):

(The date on which the enrollment is submitted)

**Authorized Signature** (The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment).

☐

By signing below, provider acknowledges that the provider has read, agrees that it is subject to and agrees to comply with all terms and conditions, including those relating to the delivery of the services, which can be found at:

<https://view.echohealthinc.com/EFTERA/termandcondition.aspx>.

**Signature of Person Submitting Enrollment:**

(A [usually cursive] rendering of a name unique to a particular person used as confirmation of authorization and identity)

Postal mail or e-mail completed form (secure e-mail is recommended) to ECHO Health, Inc. If by email send to: **EDI@EchoHealthinc.com**.

**CLEAR**

**PRINT**

**This form can be used to enroll for ERAs from any of the following payers. Check all that apply.**

<b>Payer ID</b>	<b>Payer Name</b>
	72467 ACS Benefit Services, Inc.
	62118 Aetna Genworth Life Insurance
	13334 Affinity Health Plan
	ALTAM AltaMed
	20029 America's Choice Healthplan
	44444 American Postal Workers Union (APWU)
	77013 AmeriHealth Caritas
	64090 Amfirst Insurance
	84323 Banner Medicare Advantage Plus PPO
	84324 Banner Medicare Advantage Prime HMO
	66901 Banner University Care LTC
	88030 Baylor Scott and White Health Care Plan
	39081 Benefit Plan Administrators (WI)
	68011 Capitol Administrators
	CARMO CareMore Health Plan
	GACs1 CareSource of Georgia
	KYCS1 Caresource of Kentucky
	INCS1 CareSource of Indiana
	INCS1 CareSource Marketplace
	31114 CareSource of Ohio
	CAS89 CAS Coastal Administrative Services
	CHOC1 CHOC Health Alliance
	CCA01 Central California Alliance for Health (CCAH)
	38219 Claimchoice Administrators (formerly AmeraPlan)
	85468 Clear Spring Health
	77052 Coastal TPA (Coastal Administrative)
	COACC Colorado Access
	35193 Community Health Alliance
	27905 Community Health Alliance (TN)
	48145 Community Health Choice
	45321 Consumers Choice Health Plan
	78375 Connecticare Medicare
	47165 Core Benefits
	35182 CoreSource (AZ/IA/IL/IN/MD/MN/PA)
	35183 CoreSource (OH)
	35187 CoreSource Internal
	75136 CoreSource Little Rock
	58102 Covenant Administrators

<b>Payer ID</b>	<b>Payer Name</b>
	39081 Custom Benefit Administrators
	82056 Custom Design Benefits
	MCS03 Delano Regional Medical Group (MCS)
	37253 ELMCO (PHX)
	37216 Employee Benefit Services
	37215 Employee Benefits Corporation
	45319 Evergreen Health
	59313 Evolution Healthcare
	MCS03 GemCare Medical Group (MCS)
	25531 Group Health, Inc. HMO (Emblem)
	13551 Group Health, Inc. PPO (Emblem)
	47083 Group Management Services (GMS)
	62111 Health Cost Solutions
	80142 Health Partners Plans (PA)
	HMA01 Healthcare Management Administrators
	71063 HealthSCOPE Benefits
	37272 HealthSmart Benefit Solutions (JSL)
	37283 HealthSmart Benefit Solutions (AA/GB)
	87815 HealthSmart Benefit Solutions (WF/AN)
	55247 HIP Health Plan of NY
	00257 Highmark Health
	74431 InHealth (Ohio PPO Connect)
	IMSMS Insurance Management Services
	51020 Integra Administrative Group
	RP075 Iowa Health Advantage
	IP085 Kaweah Delta HC District Emp Plan
	IP084 Kaweah Delta Medicare Advantage
	IP082 Key Medical Group
	IP083 Key Medical Group - Medicare Advantage
	LCB01 Line Construction Benefit Fund
	01260 Magellan Behavioral Health
	MCS03 Managed Care Systems (MCS)
	20805 Marrick Medical Finance
	60230 Masonry Welfare Trust Fund
	25160 MCA Administrators
	RP062 MedStar Family Choice DC
	RP063 MedStar Family Choice MD
	41124 Meritain Health

**This form can be used to enroll for ERAs from any of the following payers. Check all that apply.**

<b>Payer ID</b>	<b>Payer Name</b>
22823	Mid-American Benefits
MCC02	Molina Complete Care Virginia
38333	Molina Healthcare
20149	Molina Healthcare of Ohio
SX109	Molina Healthcare of Utah
37256	Mutual Assurance Administrators
38225	NGS American
81264	Nippon Life Benefits
88027	Northern Nevada Trust Fund (BPA)
04218	Pan American Life Insurance
SLOS1	Physicians Choice Medical Group of San Luis Obispo
MCI01	Physicians Choice Medical Group of Santa Maria
55768	Piedmont Community Health Plans
37224	Pittman & Associates (HealthSmart Benefit)
CB404	Preferred Health Plan of the Carolinas
35174	QualChoice of Arkansas
HMA01	Regence Group Administrators (RGA)
37278	ResourceOne
72261	SCAN Health Plan
23285	Select Health of South Carolina
87020	Sentinel Security Life Insurance Company
SIM02	SIMPRA Advantage
83245	Southwestern Health Resources
TKFMC	TKFMC
42137	TriStar
91078	Trusted Plans Service Corporation
61425	Trustmark Insurance Company / Starmark
74227	UHC Student Resources
TH023	WellMed Medical Management Inc.
93050	William C. Earhart Company
62111	W.C Beeler & Company