

PIEDMONT WELLSTAR HEALTH PLAN (251PD) 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**
- [Authorization for 835 ERA Enrollment Form](#)
 - Contact Name: Enrollment
 - Clearinghouse Name: Emdeon
 - Contact Phone Number: 8669244634
 - Clearinghouse E-Mail: payercontact@emdeon.com

WHERE SHOULD I SEND THE FORM(S)?

- **Emdeon EnrollNow:** Once completed online, click Submit.
 - **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:** Once completed, save and email to support@officeally.com
 - Make sure that the email subject is: **Emdeon ERA Enrollment**
- **Authorization for 835 ERA Enrollment Form:** Will be completed online

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 time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERA's can take anywhere from 14 to 45 days to begin coming through.

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.*