FIRST CHOICE HEALTH (91131) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- No enrollment form is needed: however you will need to register for a new account with REDCARD by visiting: enroll.ach835.com/new
 - Once you have completed the account set up an email will be sent to the email address you have provided.
- Full instructions are below to complete the enrollment after the ERA account is set up.
 - o Please note that EFT is required to get ERAs.

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

Enrollment will be complete once you have completed the enrollment.

Phone: 360-975-7000 Fax: 360-896-2151

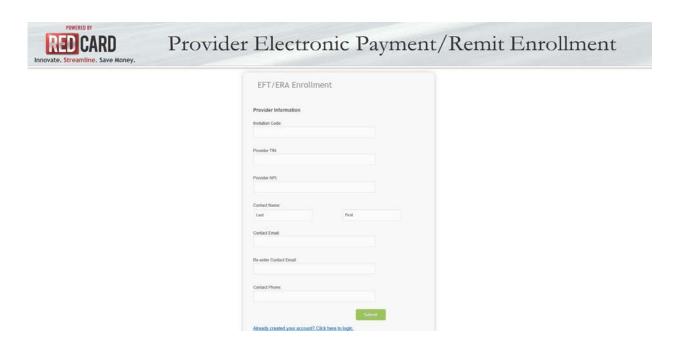


RedCard Invitation Enrollment Instructions

To opt in to receive 835s, you must begin by registering for a new account

Step 1:

Visit enroll.ach835.com/new



Step 2:

Complete and submit the Provider Information on the EFT/ERA Enrollment Form.

Step 3:

Once submitted an email will be sent to the address you provided. Follow the instructions in the email.

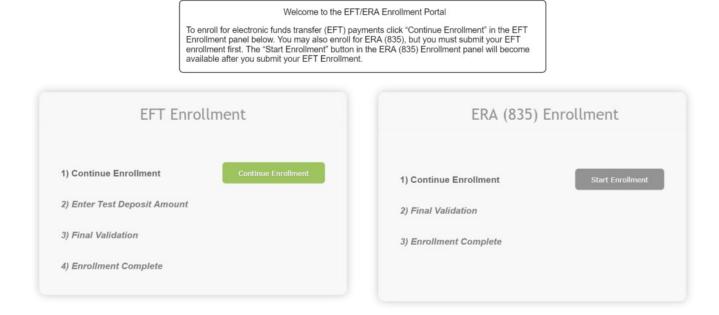
Step 4:

Log-in using the credentials you received in the e-mail.

Cigna EFT/EF	RA	>>> LOGIN
	Welcome! Please enter your userid and password to access Cigna	
	EFT/ERA Enrollment.	
	User Id:	
	Password:	
	Forgot Password?	
Don't have	e a login yet? Click here to create	your account.

Step 5:

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment".



You may also enroll for ERA (835), but you must submit your EFT enrollment first.

Step 6:

Complete each section of the EFT Enrollment form.

	* = required	d fiel
Provider Information		
Note: A change to your Account Type, Financial In. Account Number will result in a new Test Deposit t will be marked complete in our system.	stitution Routing Number, or Financial Institut ransaction that you must verify before your ch	ion langes
* Name:		
Full Provider Name		
Doing Business As (DBA):		
Provider Address		
* Address Line 1:		
Address Line 2:		
City:	" State: " Zip:	
* National Provider Identifier (NPI).	* Re-enter National Provider Identifier(NPI):	
	successive ()	
Trading Partner ID:	?	
Provider Contact Information		
Provider Contact Information * Contact Name:		
	First	
* Contact Name:	First	
* Contact Name:	First	
* Contact Name: Last	First	
* Contact Name:	First	
Last *Contact Phone:	First	
* Contact Name: Last * Contact Phone:	First	

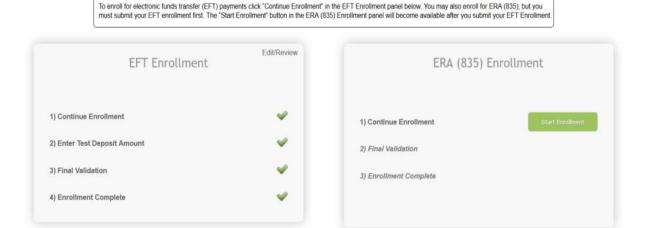
After completing the Provider Information sections (Provider Information, Provider Address, Providers Identifiers Information and Provider Contact Information), you will now complete the Financial Institution & Account sections.

To provide an additional level of bank account verification, please upload a voided check image associated with the checking or savings account you provide when completing the Financial Institution section of this enrollment form.

Note: A change to your Account Type, Financial In	stitution Routing Number, or Financial Institution
	ransaction that you must verify before your changes
* Financial Institution Name	
Financial Institution Address 1	
Financial Institution Address 2	
* Financial Institution City	* State * Zip
Financial Institution Phone:	
Financial Institution Account Informa	ition
Account Type Checking	*
* Financial Institution Routing Number	
* Financial Institution Account Number	
* Financial Institution Confirmation	?
Upload image of voided check or	Current Image: redcardlogo.PNG
voided deposit slip. Click ? for more details if needed.	Browse No file selected.
Submission Information	
* Payment Grouping	?
NPI	*
Reason for submission:	New Enrollment
Authorized Signature	Change Enrollmen Cancel Enrollmen
* Signature:	
Submission Date:	
Submission Date: 2016-04-08	

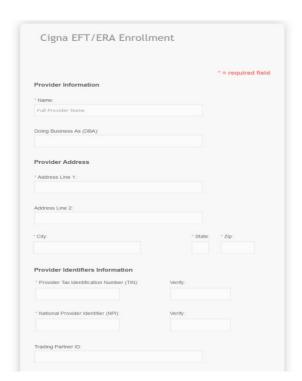
Step 7:

The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

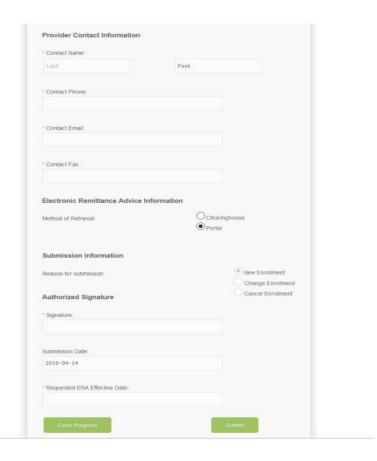


Welcome to the EFT/ERA Enrollment Portal

Complete each section of the ERA (835) Enrollment form.

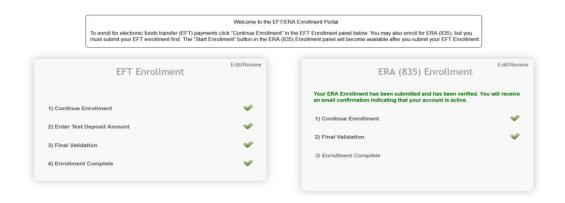


Complete the Electronic Remittance Advice Information, Submission Method sections. Once you have verified that all information is correct you will authorize the enrollment with an electronic signature as well as have you select the ERA effective date



Step 8:

Once you have completed and submitted the ERA Enrollment form you will receive a notification email confirming that your account is active.



Step 9:

Enrollment Completed!

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment" in the EFT Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT enrollment first. The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

