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

Magellan Healthcare provides the convenience of Electronic Remittance Advice (ERA/835) and Electronic Funds Transfer (EFT) to all of our providers. We encourage you to take advantage of this **free** service enhancement by completing the attached form.

When completing the form, please follow these guidelines:

- ✓ ERA & EFT enrollment is by Clinic Tax ID (or EIN). Please enter the legal clinic name as the *Provider Name*.
- ✓ Include your TIN and your payee NPI. Both fields are required for processing.
- ✓ Use *Assigning Authority* to identify how you will receive the ERA/835. This is either **Office Ally** or the name of the clearinghouse that partners with Office Ally to receive 835 files. Alternatively you can opt to view your remits through our secure website (www.hsminc.com) by indicating **Magellan Website** in this field.
- ✓ Use *Trading Partner ID* to indicate your Office Ally username. This is a required field only if you are receiving your remits through Office Ally.
- ✓ Include a pre-printed voided check or letter from your bank to verify your EFT payment information.

Please fax the completed form to Magellan ERA enrollment at 888-656-1913.

Completing and submitting the attached form will certify that the indicated clearinghouse is authorized to receive the ERA/835 for the clinic tax ID listed.

Contact Magellan Healthcare Provider Services at 800-432-3640 with questions regarding your enrollment.

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

Magellan HEALTHCARE SM

PROVIDER INFORMATION

Provider Name: _____

Doing Business As Name (DBA): _____

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____

Assigning Authority: _____ Trading Partner ID: _____

Provider Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Routing Number: ☐☐☐☐☐☐☐☐☐

Type of Account at Financial Institution: Savings ☐ Checking ☐

Provider's Account Number with Financial Institution: _____

SUBMISSION INFORMATION

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

Include with Enrollment Submission: ☐ Bank Letter ☐ Voided Check

Authorized Signature: _____

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: _____