

**WHICH FORMS SHOULD I COMPLETE?**

- Complete the **Heraya Electronic Remittance Advice (ERA) Enrollment Form** (Pg. 2)

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

- This form can be submitted:
  - o Via Fax to (877) 482-2856  
OR
  - o Via Mail to:  
Heraya Health  
PO Box 278  
Beaverton, OR, 97075-0278

**WHAT IS THE TURNAROUND TIME?**

- Standard processing time is 2-3 business days after the receipt of enrollment

**HOW DO I CHECK STATUS?**

- To check status of your request, please call the Payer at (800) 449-9479 and ask if you have been linked to Office Ally for ERAs.



# Electronic Remittance Advice (ERA) Enrollment Form

## ENROLLMENT

New Enrollment ☐

Change Enrollment ☐

Cancel Enrollment ☐

Requested ERA Effective Date: \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Doing Business As (DBA) Name: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

National Provider Identifier: \_\_\_\_\_

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

Tax ID: ☐ NPI: ☐

## BILLING OFFICE CONTACT INFORMATION (if different from Provider)

EFT Contact Name: \_\_\_\_\_

EFT Contact Phone #: \_\_\_\_\_

EFT Contact Email: \_\_\_\_\_

Technical Contact Name: \_\_\_\_\_

Technical Contact Phone #: \_\_\_\_\_

Technical Contact Email: \_\_\_\_\_

## TRADING PARTNER AND SOFTWARE VENDOR INFORMATION (for ERA Enrollment)

*If you send and receive electronic files through a clearinghouse (e.g. Office Ally, Healthsmart), please place their name below and your associated Submitter ID.*

Clearinghouse Name: Office Ally, Inc

Clearinghouse Submitter ID: 330897513

Software Vendor Name: \_\_\_\_\_

## AUTHORIZATION AGREEMENT

**Authorized Signature :** \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return this form to Heraya Health

FAX: 877-482-2856 OR MAIL: Heraya Health, PO Box 278, Beaverton, OR 97075-0278