IMPERIAL HEALTH (IHHMG) ERA-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Complete the Imperial Health 835 (ERA) Enrollment Request form (page 2)

WHERE SHOULD I SEND THE FORM(S)?

- Email to EDIsupport@imperialhealthholdings.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time can take up to 10 business days

835 (ERA) ENROLLMENT REQUEST

Please submit the completed form by email to EDIsupport@imperialhealthholdings.com or by fax to (626)310-1494. Once received and processed, Imperial Health will send a confirmation email. To avoid delays in enrollment, ensure the form is completed in full and printed clearly. Incomplete or illegible applications may result in processing delays.
Note: All fields **bolded** are **required**.

VENDOR/PROVIDER INFORMATION

Name:

Address: **City:** **State:** **Zip:**

VENDOR/PROVIDER IDENTIFIER INFORMATION

Provider Federal Tax Identification Number
Employer Identification Number (EIN):

National Provider Identifier (NPI):

VENDOR/PROVIDER CONTACT INFORMATION

Contact Name: **Telephone Number/Extension:**

Email Address: Fax Number:

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

☐ Provider Federal Tax Identification Number (TIN):

☐ National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission: ERA Enrollment

Authorized Signature:

*Please note that Office Ally is the only certified clearinghouse currently approved by Imperial Health for ERAs.