



INSTAMED ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [InstaMed Online Registration](#); OR
- InstaMed Order Form

WHERE SHOULD I SEND THE FORM(S)?

- Fax the paper form to (877) 755-3392


WHAT IS THE TURNAROUND TIME?

- Standard processing time is 21 business days

HOW DO I CHECK STATUS?

- If you have any questions or want to check the status of your enrollment, call Instamed at (866) 945-7990

Get paid faster and easier with ERA/EFT.

 **Complete Online**
register.instamed.com/eraeft

Instructions



1 Review and complete entire form



2 Sign signature field(s)



3 Send through secure fax:
(877) 755-3392

Incomplete forms will not be accepted

DESCRIPTION

SOLUTION DESCRIPTION

By registering for Payer Payments, you will receive payments from the payers listed at the following URL (www.instamed.com/providers/payer-list/) by electronic funds transfer (EFT) and claims information by electronic remittance advice (ERA). After you register for Payer Payments, you will no longer receive a paper check or paper explanation of payment (EOP) from the payers listed at the URL set forth in the prior sentence, which URL InstaMed may update from time to time to add or remove payers. To opt out of Payer Payments from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

CUSTOMER INFORMATION

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Primary Contact

*
Name (First/Last) _____
Title _____
Phone _____
Email _____

Billing Address

Customer Legal Name _____
Customer DBA Name (if different) _____
Street Line 1 _____
Street Line 2 _____
City _____ State _____ Zip _____

Number of Providers _____ Tax ID _____ Patient Accounting System _____ Version _____

Remittance Delivery

You will automatically receive ERAs through the InstaMed secure Provider Portal. To receive ERAs through your clearinghouse, please list your clearinghouse below. For a list of supported clearinghouses for ERA, visit: www.instamed.com/eraclearinghouses.

Clearinghouse: _____ Check this box to receive ERAs via SFTP (Secure File Transfer Protocol)

NPIs

Please give your Billing Provider NPI(s) and, if you use Service Provider NPI(s) for claims billing, please list them also. If your Practice does not use Service Provider NPI(s) for claims billing, you do not need to list them. In order to avoid misdirected payments, only list NPI(s) that should have ALL of their remittances and payments routed to you. Do not include NPI(s) that also do business under other healthcare providers.

Billing Provider NPI: _____ Billing Provider NPI: _____
Billing Provider NPI: _____ Billing Provider NPI: _____

Internal Initials: _____

BANK ACCOUNT INFORMATION

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Bank account information is required for payer payment deposits. A voided check or bank letter is required.

Bank Name _____ Routing Number _____ Account Number _____

Please make sure the voided check is not covering the terms and conditions, thank you!

AUTHORIZATION

AGREED AND ACCEPTED

By signing below, you agree to the terms of this Order Form and you confirm that the other information that you have provided in the Order Form is true and correct. You also agree to the Terms and Conditions set forth at www.instamed.com/im-online/InstaMed_Terms_and_Conditions.pdf or separately agreed to in writing by you and InstaMed, which are integral to, and form a part of, this Order Form. The parties consent and agree that this Order Form may be electronically signed. The parties agree the electronic signatures appearing on this Order Form are the same as hand-written signatures for purposes of validity, enforceability and admissibility.

Customer Legal Name _____

Tax ID (same as page 1) _____

* Signature _____ Date _____

Print Name _____

Title _____

Internal Initials: _____