INSTAMED
ERA ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Complete Online using the InstaMed Online Registration and follow the prompts
- Or, you can complete the InstaMed Order Form (page 2-3).

WHERE SHOULD I SEND THE FORM(S)?

- If completing the InstaMed Order Form, fax the completed & Signed paper form to (877) 755-3392

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 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

InstaMed
a J.P.Morgan company

INSTAMED ORDER FORM - PAYER PAYMENTS

CONFIDENTIAL
20220930

Complete Online
register.instamed.com/eraeft

1 Review and complete entire form

2 Sign signature field(s)

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

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

CUSTOMER INFORMATION

Legal Business Name

Customer DBA Name (if different)

Corporate Address (P.O. Box not accepted)

City | State | Zip

Physical Address (if different, P.O. Box not accepted)

City | State | Zip

Number of Providers* | Tax ID

Patient Accounting System | Version

**Number of Providers: Provider refers to physicians, nurse practitioners, physician assistants or other offering reimbursable healthcare services without exclusion.*

Description of Business:

Ownership Type:

- ☐ Individual/Sole Proprietor
- ☐ Partnership
- ☐ S Corporation
- ☐ C Corporation
- ☐ Government
- ☐ LLC
- ☐ Non-Profit [must provide 501(c)(3) certificate]
- ☐ PA/PC
- ☐ Publicly Traded Ticker Symbol: _____ Stock Exchange: _____
- ☐ Other: _____

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: Office Ally

☐ Check this box to receive ERAs via SFTP

NPIs

Please list 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. **If you or your business does not have an NPI, please provide InstaMed with an Explanation of Payments.**

Billing Provider NPI:

Service Provider NPI:

Billing Provider NPI:

Service Provider NPI:

CONTACT INFORMATION

CONTACT INFORMATION

☐ Create new InstaMed account ID ☐ Link to existing InstaMed account ID:

PRIMARY CONTACT

Legal Name

Phone

Title

Email

BANK ACCOUNT INFORMATION

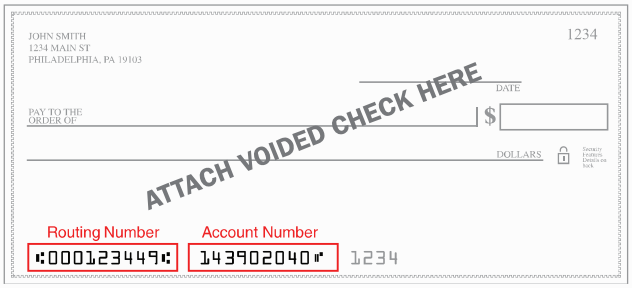
BANK ACCOUNT INFORMATION

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

Bank Name

Routing Number

Account Number



AUTHORIZATION

AGREED AND ACCEPTED

By signing below, you agree to the pricing and 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_JPMC.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.

Legal Business Name

Company

Signature Date

Print Legal Name

Title

Signature Date

Print Legal Name

Title