

KOVA (KOVA1) ERA-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- KOVA ERA Enrollment

WHERE SHOULD I SEND THE FORM(S)?

- Email to edisupport@allcaretoyou.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 10 Business Days.

HOW DO I CHECK STATUS?

- If you have not received a status update within the allotted turnaround time frame, please email the payer to check on the status of the enrollment.



KOVA ERA-ENROLLMENT

Provider Information			
Provider Name:			
Mailing Address:	City:	State:	Zip:
Provider Identifier Information			
Tax ID (TIN)/Employee Identification Number	(EIN):		
National Provider Identifier (NPI):			
Provider Contact Information			
Contact Name:	Telephone	Number:	
Contact Email Address:	Fax Numbe	er:	
ELECTRONIC REMITTANCE ADVICE INFOR	rmation:		
Preference for Aggregation of Remittance Da	ta:		
TIN:			
NPI:			
Note: Account Number Linkage to Provid	der Identifier. Must mat	ch preference for EFT pa	yments.
Submission Information:			
Reason for Submission:			
Authorized Signature: Note: <i>Electronic Signature (type name) c</i>	of Person Submitting ER	A Enrollment.	