



KAISER PERMANENTE HI (94123) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Emdeon ERA Enrollment Form**
- [CAQH Online Enrollment](#)
 - For those enrolling for **ERA & EFT** or **EFT only**
 - Clearinghouse Information:
 - Clearinghouse Name: **Change Healthcare**
 - Clearinghouse Submitter ID: **133052274**

WHERE SHOULD I SEND THE FORM(S)?

- Email the Emdeon ERA Enrollment Form to Support@officeally.com
- CAQH Online Enrollment is completed online

WHAT IS THE TURNAROUND TIME?

- You will be able to monitor the status of the enrollment through the CAQH EnrollHub.



EMDEON ERA ENROLLMENT FORM

In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: Emdeon ERA Enrollment.

PAYER NAME AND PAYER ID:

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIER INFORMATION:

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

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION:

Preference for Aggregation
Of Remittance Data:

Note: Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.