

# KAISER PERMANENTE OF COLORADO (COKSR) ERA ENROLLMENT INSTRUCTIONS



## WHICH FORM(S) SHOULD I DO?

- Emdeon ERA Enrollment Form
- [CAQH Online Enrollment](#)
  - Required for those enrolling for **ERA & EFT** or **EFT only**.
  - Clearinghouse Information
    - Clearinghouse Name: Emdeon (Change Healthcare)
    - Clearinghouse Submitter ID: 133052274
  - Visit [http://www.cagh.org/eft\\_enrollment.php](http://www.cagh.org/eft_enrollment.php) for additional CAQH information.

## WHERE SHOULD I SEND THE FORM(S)?

- **Emdeon ERA Enrollment Form:** Once completed, save and email to [support@officeally.com](mailto:support@officeally.com)
  - Make sure that the email subject is: **Emdeon ERA Enrollment**
- **CAQH Online Enrollment** will be completed online

## WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERA's can take anywhere from 14 to 45 days to begin coming through.

# 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](mailto:Support@officeally.com), the Email Subject should read: **Emdeon ERA Enrollment**.

## PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:

## PROVIDER INFORMATION:

**Provider Name:**

**Provider Address:**

## PROVIDER IDENTIFIERS 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.