



KEY MEDICAL GROUP, INC.

3335 S. FAIRWAY VISALIA, CA 93277 (559) 735-3892 FAX (559) 735-3894 OR (559) 734-6203

835 Transactions - ERA Enrollment Form through Office Ally

For the following groups:

Key Medical Group Commercial (BSC, BC, UHC, HN) IP082

Key Medical Group Medicare Advantage (Humana) IP083

Kaweah Delta Medicare Advantage (Humana) IP084

Kaweah Delta HC District Employees Plan (IP085)

PROVIDER INFORMATION

Provider Name: _____

Provider Address: _____

City: _____

State: _____

Zip: _____

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number

National Provider Identifier (NPI):

Employer Identification Number (EIN): _____

PROVIDER CONTACT INFORMATION

Contact Name: _____

Telephone Number/Extension: _____

Email Address: _____

Fax Number: _____

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN): _____

National Provider Identifier (NPI): _____

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature: _____

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

**Please return the completed form to Renee Fischer at Fax (559) 735-3894 or via email at renee@tkfmc.org
Questions please contact Renee at (559) 802-1992**