



835/Electronic Remittance Advice Enrollment Form

Provider Information

Provider Name	<input type="text"/>		
Provider Address	<input type="text"/>		
Street	<input type="text"/>		
City	<input type="text"/>	State/Province	<input type="text"/>
		Zip Code/Postal Code	<input type="text"/>

Provider Identifiers Information

Provider Identifiers	<input type="text"/>		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	<input type="text"/>		
National Provider Identifier (NPI)	<input type="text"/>		

Other Identifiers

Assigning Authority	<input type="text" value="Office Ally"/>	Trading Partner ID	<input type="text" value="AC035"/>
---------------------	------------------------------------------	--------------------	------------------------------------

Provider Contact Information

Provider Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Fax Number	<input type="text"/>		

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Must match EFT Preference – if applicable)

<input type="checkbox"/>	Provider Tax Identification Number (TIN)	<input type="text"/>
<input type="checkbox"/>	National Provider Identification Number (NPI)	<input type="text"/>
Method of Retrieval	<input type="text"/>	

Electronic Remittance Advice Clearinghouse Information (if applicable)

Clearinghouse Name	<input type="text" value="Office Ally"/>	LifeWise Submitter ID	<input type="text" value="AC035"/>
Telephone Number	<input type="text" value="360-975-7000 Option 1"/>		
Email Address	<input type="text" value="support@officeally.com"/>		

Reason for Submission (select one below)

<input type="checkbox"/>	New Enrollment
<input type="checkbox"/>	Change Enrollment
<input type="checkbox"/>	Cancel Enrollment

Authorized Signature

Electronic Signature or Person Submitting Enrollment	<input type="text"/>		
Printed Title of Person Submitting Enrollment	<input type="text"/>		
Submission Date	<input type="text"/>	Requested ERA Effective Date	<input type="text"/>

See Page 2 & 3 for data element requirements & instructions

Instructions for completing the 835/ERA Enrollment Form

Please type or print legibly.

Use only black or blue ink to complete as a hard copy form.

Electronic Remittance Advice (ERA) Enrollment Form available at edi@premera.com or 800-435-2715

Please allow up to 4 weeks for enrollment process, if after 4 weeks you do not start receiving ERA files, you may contact the **EDI Team** at 800-435-2715 or at edi@premera.com

For questions about the paper or electronic enrollment process or this form, please contact the **EDI Team**.

Below are the CORE Data Element Groups (DEG) Identifiers, with (R) = Required, (O) = Optional (required when noted)

(DEG 1) **Provider Information, fill out completely:**

(DEG 1 R) **Provider Name:** Complete legal name of institution, corporate entity, practice or individual provider

(DEG1) **Provider Address / (R) Street:** the number and street name where a person or organization can be found

(R) **City:** City associated with provider address field

(R) **State/Province:** Two Character Code associated with the State/Province/Region of the applicable Country

(R) **Zip Code/Postal Code:** System of postal-zone codes (zip stands for “zone improvement plan”)

(DEG2 R) **Provider Identifiers:**

(R) **Provider, Federal Tax Identification Number (TIN):** A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

(R) **National Provider Identifier (NPI):** A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-digit number is an intelligence-free numeric identifier. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standard transactions. (R) When provider has an NPI)

(DEG 2) **Other Identifiers:**

(R) **Assigning Authority:** Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid (required when applicable for the payer).

(O) **Trading Partner ID:** The provider submitter ID assigned by the health plan or the provider’s clearinghouse or vendor.

(DEG3) **Provider Contact Information:**

(R) **Provider Contact Name:** Name of contact in provider office for handling ERA matters & issues

(R) **Telephone Number:** Associated with the contact person

(R) **Email Address:** An electronic mail address at which the health plan might contact the provider (Required if available)

(O) **Fax Number:** A number at which the provider can be sent facsimiles

(DEG7 R) **Preference for Aggregation of Remittance Data (e.g., Account Number Linage to Provider Identifier):** Provider preference for grouping (bulking) claim payments – when applicable must match preference for EFT payment.

(O) **Provider Tax Identification Number (TIN)** (Required if NPI not applicable)

(O) **National Provider Identifier (NPI)** (Required if TIN not applicable)

(O) **Method of Retrieval:** Method in which provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.) (Required if provider is not using an intermediary clearinghouse or vendor)

(DEG8 O) **Clearinghouse Information** (Required if applicable)

(R) **Clearinghouse Name:** Official Name of the provider's clearinghouse (required if using a clearinghouse for receipt of 835/ERA file from a payer)

(R)/LifeWise - **Submitter ID** (the LifeWise Submitter ID number where ERA files are to be sent/posted)

(DEG8 R) **Reason for Submission:** Must select one of the following,

New Enrollment

Change Enrollment

Cancel Enrollment

(DEG8 R) **Authorized Signature:** The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

Written Signature of Person Submitted Enrollment – A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity

(O) **Electronic Signature of Person Submitting Enrollment**

(O) **Printed Title of Person Submitting Enrollment** – The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment

(O) **Submission Date,** Date enrollment submitted

(O) **Requested ERA Effective Date,** Date provider wishes to begin ERA

Note that once enrollment has been processed, ERA will be provided for all product lines of business under Premera/LifeWise.

Fax the completed paper form:

To: Premera, EDI Team

Fax Number: 425-918-4234

Researching Missing/Late 835/ERA Files that related to EFT (Electronic Funds Transfer) 'when applicable':

835/ERA files that have not been received after 4 business days of receipt of the corresponding EFT file can be researched by contacting the **Premera, EDI Team** at 800-435-2715 or at edi@premera.com

For EFT (electronic funds transfer) enrollment information go to: <https://www.lifewiseor.com/provider/> I WANT TO