

Email this form to payerenrollment@officeally.com
The current turnaround timeframe is 30 business days.

Email Subject: ERA Enrollment_Medicaid Connecticut

Provider Information

Provider Name:

Mailing Address:

City:

State:

Zip:

Provider Identifier Information

Tax ID (TIN)/Employee Identification Number (EIN):

National Provider Identifier (NPI):

Provider AVRS ID :

Provider Contact Information

Contact Name:

Contact Telephone Number:

Contact Email Address:

Extension:

Submission Information

Reason for Submission

New Enrollment Request

Authorized Signature:

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