

ELECTRONIC REMITTANCE ADVICE REGISTRATION OR TERMINATION FORM (ERA)

(Electronic Remittance Advice means receiving remittance data in an electronic form, such as the HIPAA X12.835.)

This form must be completed by individual provider applicants, provider groups, or organizations that are requesting that claims remittance (Explanation of Benefits and Explanation of Payments) be sent electronically, in lieu of printed documentation. In order to receive electronic claims remittance, you must have a W-9 and a National Provider Identifier on file with Magellan*, and be the owner of the Taxpayer Identification Number (TIN) under which claims are paid. This form is also used by providers to terminate electronic claims remittance.

Please fax the completed form to one of the clearinghouses listed below. (Note, for Availity, you must register *online* at www.availity.com.) The clearinghouse will contact Magellan when they have finished processing your request.

PROVIDER INFORMATION							
PROVIDER NAME:							
ADDRESS LINE 1:							
ADDRESS LINE 2:							
CITY:			ZIP CODE:				
TIN:	NPI #:		MIS #:				
Check Type: Em	· -		Social Security Nu	ımber (SSN)I	Tax Identification	Number (ITIN)	
NOTE: Groups must enroll their group number only PROVIDER AGENT CONTACT NAME:							
TELEPHONE#:EMAIL ADDRESS:							_
		ERA EL	ECTION INF	ORMATION			
PLEASE FAX TO THE CLEARINGHOUSE WITH WHICH YOU ARE (OR WILL BE) ENROLLED:							
HealthEC	PayerPath	Capario	Emdeon	RelayHealth	Availity	Trizetto Provider Solutions LLC	Office Ally
732-909-2445 (Fax) orbiteconnect.support	919-457-4128 (Fax)	404-877-3324 (Fax)	615-231-4843 (Fax)	916-267-2963 (Fax)	Register at availity.com	314-898-1890 (Fax) Attn: Remit	360-896-2151 (Fax)
@igiusa.com						Group	
Providers must registe with another clearinghe	r with one of the N	lagellan-preferred on sible for ensuring	learinghouses ab	ove to guarantee	delivery of files. I	Providers registeri	ng
I request that	claims remittand	e be sent electro	onically through	the clearinghou	se identified al	oove. I understa	and that I will no
G		ce advice for cla		·			
ERA EFFECTIVE DATE:/ Cannot be earlier or more than 180 days from the date you sign this form.							
This authority shall rema occur until Magellan initia Date (or Termination Dat	ates a claim pavmér	nt to you and a succe	essful test is conduc	ted between Mage	lan and vour clear	inghouse. The actu	
STOP Electro	nic Remittance Advi	ce. I understand I wi	I receive paper rem	ittance advice wher	n this request is pro	ocessed.	
ERATERM	INATION DATE	:: <u> </u>	Cannot b	e earlier than the date	you sign this form.		
AUTHORIZED SIGI	NATURE:						
		e person(s) signing th	is form must be auth	orized to sign on be	half of the provider	receiving claims ren	nittances.
DATE:							

^{*}In California, Magellan does business as Human Affairs International of California, Inc. and/or Magellan Health Services of California, Inc. – Employer Services. Other Magellan entities include Magellan Health Care; Magellan Behavioral Health, Inc.; Merit Behavioral Care; Magellan Health Services of Arizona, Inc.; Magellan Behavioral Health of Florida, Inc.; Magellan Behavioral Health of New Jersey, LLC; Magellan Behavioral Health of Pennsylvania, Inc.; Magellan Providers of Texas, Inc.; and their respective affiliates and subsidiaries; all of which are affiliates of Magellan Health, Inc. (collectively "Magellan"). National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.