



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: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE #: _____

BILLING CONTACT NAME: _____

TIN: _____ **MIS #:** _____ **NPI:** _____

Check Type: ___ Employer Identification Number (EIN) ___ Social Security Number (SSN) ___ I Tax Identification Number (ITIN)

NOTE: Groups must enroll their group number only

ERA ELECTION INFORMATION

PLEASE FAX TO THE CLEARINGHOUSE WITH WHICH YOU ARE (OR WILL BE) ENROLLED:

NaviNet Claims	PayerPath	Capario	Emdeon	RelayHealth	Availity	Gateway EDI, Inc.	Office Ally
505-471-4180 (Fax) Attn: Gina Romero	919-457-4128 (Fax)	949-852-3122 (Fax)	615-231-4843 (Fax)	563-557-3367 (Fax)	Register at availity.com	314-898-1890 (Fax) Attn: Remit Group	360-896-2151 (Fax)

Providers must register with one of the Magellan-preferred clearinghouses above to guarantee delivery of files. Providers registering with another clearinghouse will be responsible for ensuring delivery of their files.

I request that claims remittance be sent electronically through the clearinghouse identified above. I understand that I will no longer receive paper remittance advice for claims I submit electronically.

ERA EFFECTIVE DATE: ____ / ____ / ____ *Cannot be earlier or more than 180 days from the date you sign this form.*

This authority shall remain in effect unless you submit a written cancellation notice to Magellan. Electronic transmissions of remittance advice will not occur until Magellan initiates a claim payment to you and a successful test is conducted between Magellan and your clearinghouse. The actual Effective Date (or Termination Date) will be assigned after this process occurs. Meanwhile, remittance advice will continue to be mailed to you.

STOP Electronic Remittance Advice. I understand I will receive paper remittance advice when this request is processed.

ERA TERMINATION DATE: ____ / ____ / ____ *Cannot be earlier than the date you sign this form.*

AUTHORIZED SIGNATURE: _____

The person(s) signing this form must be authorized to sign on behalf of the provider receiving claims remittances.

DATE: _____

*Magellan Behavioral Health, Inc.; Magellan Behavioral Health Systems, LLC, f/k/a Human Affairs International; CMG Health, Inc.; Green Spring Health Services, Inc.; Merit Behavioral Care; Magellan Health Services of Arizona, Inc.; Magellan Health Services of California, Inc.-Employer Services; Human Affairs International of California; Magellan Behavioral Care of Iowa, Inc; Magellan Behavioral Health of Florida, Inc; Magellan Behavioral of Michigan, Inc.; Magellan Behavioral Health of New Jersey, LLC; Magellan Behavioral Health of Pennsylvania, Inc; Magellan Behavioral Health Providers of Texas, Inc.; and their respective affiliates and subsidiaries are affiliates of Magellan Health Services, Inc. (collectively "Magellan").