Florida Medicaid Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information*

Provider Name*

Doing Business As Name (D/B/A)

Provider Address Street * *(Street Name and Number – NOT a P.O. Box)*

Provider Address *(Suite, Room, etc.)*

City*	State*	ZIP*

Provider Identifiers Information*

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*	National Provider Identifier (NPI)^

Other Identifiers*

Assigning Authority – Florida Medicaid Provider Identification Number*	Trading Partner ID^
	86259 / 992376400

Provider Contact Information – *for ERA Issues******

Provider Contact Name*		
Telephone Number*	E-mail Address^	Fax Number

Electronic Remittance Advice Information*

Preference for Aggregation of Remittance Data* *(Must match preference submitted on EFT)*	
☒ Provider Tax Identification Number (TIN)	☐ National Provider Identifier (NPI)
NOTE: This information is being collected in the event Florida Medicaid changes ERA aggregation (which is currently done by Medicaid Provider Identification Number).	

Electronic Remittance Advice Clearinghouse Information^

Clearinghouse Name	
Office Ally	
Telephone Number	E-mail Address
360-975-7000 Option 1	will.morrow@officeally.com

Submission Information*

Authorized Signature*

Printed Name of Person Submitting Enrollment*

Printed Title of Person Submitting Enrollment*	Submission Date*

Instructions for completing the ERA Authorization Agreement

- The online registration form may be accessed via the secure web portal (http://home.flmmis.com) under the Provider Demographic heading.
- Please type or print legibly in black or blue ink.
- Fields marked with an asterisk (*) are required.
- Fields marked with a carat (^) are required if the information is available.
- Please allow 3 weeks for processing. If after 3 weeks you do not receive ERA files, contact the EDI Operations team at (866) 586-0961 to inquire.