MEDICAID VERMONT (MCDVT) ERA ENROLLMENT INSTRUCTIONS



Phone: 360-975-7000

Fax: 360-896-2151

WHAT FORM(S) SHOULD I DO?

Department of Vermont Health Access 835 ERA Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Email form to vtedicoordinator@dxc.com
- The 835 ERA enrollment form can be mailed to:

DXC Technology Attn: EDI Coordinator PO Box 888 Williston, VT 05495

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

Standard processing time is 7-14 business days.

HOW DO I CHECK STATUS?

• You can call (802) 879-4450 option 3 to verify if you are linked to Office Ally's Trading Partner ID 701101732.





Department of Vermont Health Access 835 ERA Enrollment Form

Provider Information (Completion Required) Provider Name:	
Provider Address	
Street:City:	State: Zip Code:
•	
Provider Identifiers	NPI: Taxonomy Code:
IIN/EIN:	NPI:
Assigning Authority (VT Medicaid ID):	Taxonomy Code:
Trading Partner ID:	raxonomy code
Provider Contact Information (Completion I	Required)
Provider Contact Name:	
Email Address:	
Billing Agent Information (If Applicable)	
Provider Agent Name (Name of provider's au	uthorized agent):
Agent Address	
Street:	
City:	State: Zip Code:
City: Provider Agent Contact Name:	State: zip Code:
Provider Agent Contact Name: Telephone Number (w/Ext):	State: Zip Code:
Provider Agent Contact Name: Telephone Number (w/Ext):	State: Zip Code:
Provider Agent Contact Name: Telephone Number (w/Ext): Email Address: Electronic Remittance Advice Information	edicaid 835 /T Medicaid Portal Website at http://www.vtmedicaid.com/#/home use Information (If Applicable)
Provider Agent Contact Name: Telephone Number (w/Ext): Email Address: Electronic Remittance Advice Information	edicaid 835 /T Medicaid Portal Website at http://www.vtmedicaid.com/#/home ### ### ### ### ### ### ### ### ### #
Provider Agent Contact Name: Telephone Number (w/Ext): Email Address: Electronic Remittance Advice Information	edicaid 835 /T Medicaid Portal Website at http://www.vtmedicaid.com/#/home ### ### ### ### ### ### ### ### ### #
Provider Agent Contact Name: Telephone Number (w/Ext): Email Address: Electronic Remittance Advice Information	edicaid 835 /T Medicaid Portal Website at http://www.vtmedicaid.com/#/home Ise Information (If Applicable) Impartation (If Applicable)
Provider Agent Contact Name: Telephone Number (w/Ext): Email Address: Electronic Remittance Advice Information	edicaid 835 /T Medicaid Portal Website at http://www.vtmedicaid.com/#/home Ise Information (If Applicable) Irmation (If Applicable)
Provider Agent Contact Name: Telephone Number (w/Ext): Email Address: Electronic Remittance Advice Information	edicaid 835 /T Medicaid Portal Website at http://www.vtmedicaid.com/#/home Ise Information (If Applicable) Irmation (If Applicable) Irmation (If Applicable) Irmation (If Applicable) Irmation (If Applicable)

Return by E-mail <u>vtedicoordinator@dxc.com</u> or mail to DXC Technology, Attn: EDI Coordinator, PO Box 888, Williston, VT 05495. Direct all questions and status requests to the EDI Coordinator at 802-879-4450 (option 3).