



MEMORIALCARE ERA ENROLLMENT INSTRUCTIONS

THIS FORM CAN BE USED TO ENROLL FOR ERAS FROM ANY OF THE FOLLOWING MEMORIALCARE PAYERS:

| Payer ID | Payer Name | Payer ID | Payer Name |
|----------|--|----------|-----------------------------------|
| MMFMC | MemorialCare Medical Foundation | GNPMG | Edinger Medical Group |
| MMFMC | Bristol Park Medical Group | GNPMG | Greater Newport Physicians |
| MMFCS | MemorialCare Medical Foundation - Capitation | E4618 | Seaside Health Plan Encounters |
| MMFUC | MemorialCare Medical Foundation - UC Irvine Health | 46187 | Seaside Health Plan |

WHICH FORM(S) SHOULD I DO?

- [Electronic Remittance Advice \(835\) Enrollment Request](#)

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to MCMF.EDISupport@memorialcare.org

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-10 business days

HOW DO I CHECK STATUS?

- Send an email to MCMF.EDISupport@memorialcare.org and ask if you have been set up for ERAs via Office Ally