



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	MemorialCare Select Health Plan Encounters
MMFUC	MemorialCare Medical Foundation - UC Irvine Health	46187	MemorialCare Select 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