

WHICH FORMS SHOULD I COMPLETE?

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

The Form Link can be used to enroll ERAs from any of the following MemorialCare Payers:

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

WHERE SHOULD I SEND THE FORM(S)?

- Email to MCMF.EDISupport@memorialcare.org

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 10 business days.

HOW DO I CHECK STATUS?

- You may check the status of the enrollment by emailing the payer after the 10 business days.