

MEMORIALCARE ERA ENROLLMENT INSTRUCTIONS



THIS FORM CAN BE USED TO ENROLL FOR ERA'S 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		
MMFUC	MemorialCare Medical Foundation - UC Irvine Health		

WHAT FORM(S) SHOULD I DO?

- Electronic Remittance Advice (835) Enrollment Request

WHERE SHOULD I SEND THE FORM(S)?

- Email for to MCMF.EDISupport@memorialcare.org

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- 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 ERA's via Office Ally.

INSTRUCTION

Please make sure to complete this form in its entirety. **All information entered on this form should be the same information shown on your W-9 or Income Tax.** Incomplete information will result in a delay with your request. Please email the completed form to MCMF.EDISupport@memorialcare.org.

PROVIDER INFORMATION

Provider Name:

Address:

City:

State:

Zip Code:

PROVIDER IDENTIFIER INFORMATION

**Provider Federal Tax Identification Number
Employer Identification Number (EIN):**

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

Contact Name:

Phone Number:

Email:

SUBMISSION INFORMATION

Reason for Submission:

Clearinghouse: Office Ally

Comment:

SIGNATURE

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment Form.