



MERCY MARICOPA INTEGRATED CARE (33628) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Mercy Maricopa Integrated Care Electronic Remittance Advice \(ERA\) Enrollment Form](#)
- **Emdeon ERA Enrollment Form**
 - **NOTE:** This form is emailed to Office Ally, not to Emdeon

WHERE SHOULD I SEND THE FORM(S)?

- Fax the Mercy Maricopa ERA form to (860) 975-0841; or email it to MercyMaricopaProviderRelations@aetna.com
- Email the Emdeon ERA Enrollment Form to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Aetna will process your enrollment form within 10-15 business days
- Office Ally will process your Emdeon ERA Enrollment Form within 24-48 hours

HOW DO I CHECK STATUS?

- To check the status of your enrollment, email MercyMaricopaProviderRelations@aetna.com



EMDEON ERA ENROLLMENT FORM

In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: Emdeon ERA Enrollment.

PAYER NAME AND PAYER ID:

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIER INFORMATION:

Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION:

Preference for Aggregation
Of Remittance Data:

Note: Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.