



METRO PLUS HEALTH PLAN (13265) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Emdeon ERA Enrollment Form**
- **Metro Plus ERA Provider Setup Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email the **Emdeon ERA Enrollment Form** to Support@officeally.com
- Email the **Metro Plus ERA Provider Setup Form** to batchenrollment@changehealthcare.com; OR

Fax to (615) 885-3713

WHAT IS THE TURNAROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERAs can take anywhere from 14 to 45 business days to begin coming through.

HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check the status of the Emdeon ERA Enrollment Form, please email or call Office Ally's Customer Support Department at support@officeally.com or (360) 975-7000 option 1.
 - Make sure to provide the Payer, TIN/EIN and NPI that was submitted on the form when you contact us.



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.

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					



ERA Provider Setup Form

(Payer ID 13265)

Provider Organization

Practice/Facility Name						
Practice/Facility Address						
	City		State		Zip Code	
Contact Name			Contact Phone			
Contact Email						
Tax ID			Billing NPI ID			

* All fields are required

Additional Associated Practices/Facilities

* All NPI IDs associated with a provider organization are required for full ERA enrollment. Attach a separate list if necessary.

Practice/Facility Name		NPI ID	
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Practice/Facility Name		NPI ID	
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Practice/Facility Name		NPI ID	
Practice/Facility Name		NPI ID	

Submit completed form to Relay Health