

WHICH FORMS SHOULD I COMPLETE?

- Remit Provider Set-Up Request

WHERE SHOULD I SEND THE FORM(S)?

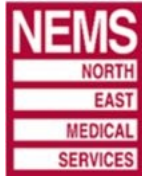
- Email to msoedi@nems.org

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 24 hours

HOW DO I CHECK STATUS?

- Send an email to msoedi@nems.org or call (415) 352-5186 to check your ERA enrollment status.



東北醫療中心

Management Services Organization (MSO)
2171 Junipero Serra Boulevard, Suite 600
Daly City, CA 94014
Phone (415) 352-5186 Fax (415) 398-2895

NORTH EAST MEDICAL SERVICES (NEMS) Remit Provider Set-Up Request

Please link the below provider to Office Ally for electronic remits.

Provider Name _____

Provider Federal Tax Identification Number (TIN) or Employer Identification

Number (EIN) _____

National Provider Identifier (NPI) _____

Provider Contact Name _____

Telephone Number _____

Email Address _____