

BOSTON MEDICAL CENTER (13337) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- 835 Enrollment Request
- Boston Medical Center ERA Enrollment Request

WHERE SHOULD I SEND THE FORM(S)?

- Fax the forms to (877) 630-2064 – Attention: Enrollments; or
- Email the forms to enrollments@optum.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 1-2 weeks.



OPTUM ERA Provider Setup Form

CPID: 835P: 3818

CPID: 835I: 2921

Please complete the requested information below. This information will be used to ensure your agreements are setup and processed in the most efficient manner. This form is for Optum use only and will not be forwarded on to the payer with your enrollment agreements.

Optum user ID:	
Contact Name:	
Group Name:	
Group Billing TIN:	
Group Billing NPI:	
Group Legacy ID:	

Please list all providers for this Payer below:

Provider Name	Individual PTAN or Legacy ID (if applicable)	Individual NPI	Payer Name

Boston Medical Center (13337)

ERA Enrollment Request. Please link provider for ERA's.

Relay CPID: 3818 (Professional)

Relay CPID: 2921 (Institutional)

Although this payer does not require an agreement, the following information is required to set up the provider for electronic remittance.

PROVIDER NAME: _____

TAX ID: _____

NPI: _____

PROVIDER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

ADDITIONAL PROVIDER NAME(S)

ADDITIONAL NPI(S)
