FIDELIS CARE OF NEW YORK (11315) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Optum ERA Setup Form
- Letter of Intent
 - o If you previously retrieved Fidelis Care ERA's from another vendor, a letter of intent is required.
 - o Letter must be on the provider/group letterhead and signed by an authorized representative.

WHERE SHOULD I SEND THE FORM(S)?

- Email the Optum ERA Setup Form and Letter of Intent (if completed) to enrollments@optum.com; or
- Fax it to (877) 630-2064

WHAT IS THE TURNAROUND TIME?

The enrollment process can take approximately 14 business days.

Phone: 360-975-7000 Fax: 360-896-2151



For Internal Optum use only:

- Enter in RelayHealth Website
- Update in ERA Manager
- Est. Approval 14 Business Days

Last Updated: 2/12/2016

OPTUM ERA Setup Form 837P CPID = 3792 / 837I CPID 6536

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:	
<u> </u>	
Contact Name:	
Contact Phone#:	
Contact none#1	
Contact email:	
Crown Names	
Group Name:	
Group Billing TIN:	
C. Cup 2	
Group Billing NPI:	
Croup Logger ID:	
Group Legacy ID:	
B.111	·
Billing Address:	

Please list all providers for this Payer below:

Provider Name	Individual PTAN or Legacy ID (if applicable)	Individual NPI
Is the provider changing clearinghouses?	NO - Return Optum Form	YES - Return sample letter & Optum Form

Attn: Fidelis Care of New York	
Currently I am receiving my remittance through to start receiving my electronic remittance through RelayHealth.	I would like
Provider Name:	
Provider Email:	
Provider Phone:	
Provider Address:	
Signature of Authorized Representative and Date.	