

WEA INSURANCE GROUP (39151) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- ERA and EFT Enrollment Form
- Optum ERA Provider Setup Form

WHERE SHOULD I SEND THE FORM(S)?

- Email the **ERA and EFT Enrollment Form** to EDI_Analyst@weatrust.com; enrollments@optum.com
- Email the **Optum ERA Provider Setup Form** to support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Approximately 15-20 business days

Electronic remittance advice and electronic funds transfer (ERA/EFT)

A convenient way to manage your finances and go paperless

What is ERA/EFT?

ERA is a HIPAA-compliant electronic communication that contains claims payment information. It replaces the paper remittance advice statement. Depending on your accounts receivable software, you may be able to post payments electronically without any manual intervention.

EFT offers you a secure, efficient process for electronically depositing claims payments into your bank account(s).

Once enrolled in ERA, paper EOBs will be shut off within 30 days or after you have successfully received three transactions. The ERA is available for all WEA Trust benefit plans, and your current payment frequency will not change. You can receive separate ERA files for the same tax ID number (TIN) grouped by billing address.

Our ERA/EFT options are available to both participating and nonparticipating providers. You also have the ability to enroll for **EFT only** and stop receiving paper checks.

Benefits of enrolling in WEA Trust ERA/EFT

When you choose electronic delivery of your claims payment information and funds, you can:

- Automate your posting processes and financial management
- Receive confidential and secure deposit of payments directly to a designated account(s) quickly and efficiently
- Manage your business more effectively with a convenient audit trail



Get payments quicker and manage your business more effectively.

▶ Getting started is easy

1. Download the ERA/EFT Enrollment form from weatrust.com/forms
2. Complete the form
3. Attach a voided check or letter from your financial institution (optional)
4. Send completed form via secure email at EDI_Analyst@weatrust.com. You may also fax form to 608.276.9119
5. We will contact you by email to confirm receipt and outline next steps





ERA and EFT Enrollment Form

(Electronic Remittance Advice and Electronic Funds Transfer)

Please check the appropriate boxes:

- ERA
- Enroll
- EFT
- Change
- Both (ERA and EFT)
- Terminate

Please complete the following information: (Note: incomplete fields may result in processing delays)

Practice Information

Name: _____ Federal Tax Identification Number (TIN): _____
 _____ National Provider Identifier (NPI): _____
 Contact Name: _____ Email Address: _____
 Phone Number: () _____ Fax Number: () _____
 Primary Service Address: _____ Primary Billing Address: _____

Do you require ERAs to be split by billing location? Yes No To be split by NPI? Yes No

ERA Vendor/Clearinghouse Information

Name: _____
 Contact Name: _____
 Email Address: _____ Contact Phone Number: () _____
 Username / App ID / Entity Gen Key / Acct # (if applicable): _____

Please complete the following bank account information for EFT:

To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). Please note that if you require payments to be deposited into multiple bank accounts, you must complete bank account information for each account. New EFT enrollment or changes to existing EFT banking information will trigger a new EFT pre-note period. The EFT pre-note period will run for 10 days from the effective date. Production will start on day 11. You are responsible for notifying WEA Trust if your banking information changes.

Financial Institution (FI) Name: _____
 Street, City, State, Zip Code: _____
 FI Routing Number: (9 digits found on check, NOT deposit slip): _____
 Account Number: _____ Account Type: ~~AAA~~Savings Checking

If you have any questions, please call Customer Service at 800.279.4000.

Authorization Agreement for Direct Deposit of Benefits Payments. Please read and sign your name below.

I hereby authorize WEA Insurance Corporation, (hereinafter "WEA Trust"), to initiate credit entries to the account(s) at the bank(s) listed above for all benefits payments. This agreement will remain in effect until I notify WEA Trust of the desire to cancel or change this service or until WEA Trust notifies me that this service has been terminated. I understand that I must allow reasonable time for my instructions to be executed. If WEA Trust credits more money than the correct benefits amount to the account due to duplicate electronic funds transfers (where "duplicate" is defined as multiple electronic funds transfers received for the same services rendered, the same membership and the same dates of service) or erroneous electronic funds transfers (where "erroneous" is defined as complete electronic funds transfers received in error), I authorize WEA Trust to withdraw the overpayment. I authorize and request the bank(s) listed above to accept any credit entries by WEA Trust to such account(s) and to credit the same to such account(s).

Electronic Signature

Checking the "I Agree" box is your legal signature for purposes of electronic online ERA/EFT enrollment. If you agree to the above terms and conditions, including Authorization for Direct Deposit of Benefits Payments, check the "I Agree" box.

I Agree

Authorized Health Care Professional: _____ Date: ____ / ____ / ____

Form completed by:

Name: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____



835 ENROLLMENT REQUEST



Email this form to support@officeally.com or Fax to (360) 896-2151. Once your form is received and processed Office Ally will e-mail or call you. If you do not receive a confirmation e-mail/call from us within 2-3 days of faxing this form to us, please fax it again. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

PROVIDER INFORMATION

Provider Name:

Provider Address:

City:

State:

Zip:

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number

Employer Identification Number (EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

Contact Name:

Telephone Number/Extension:

Email Address:

Fax Number:

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN):

National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.