

REGENCE (00611/00851/00910/00932/93221) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Availity Multi-Payer Electronic Remittance Advice Enrollment

WHERE SHOULD I SEND THE FORM(S)?

- Email to Autoreg835@availity.com; or
- Fax to (904) 470-4773; or
- Mail to:
Availity LLC
PO Box 550857
Jacksonville, FL 32255-0857

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 10 business days.

HOW DO I CHECK STATUS?

- Email support@officeally.com to check on the status (please wait the full 10 days before checking status).

Email Subject: Regence ERA Enrollment Status Inquiry

Body of Email:

Please check the status of my Regence ERA enrollment request.

- Provider Name
- NPI
- Tax ID
- Date the ERA enrollment form was sent to Availity



Multi-Payer Electronic Remittance Advice Enrollment

Rev. 07.22.2015.1

PAYER INFORMATION		Refer to the Availity Health Plan Partner List for payer IDs.	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
RECEIVER INFORMATION		* If different than provider contact information.	
Who will receive your ERA files?	Provider	Clearinghouse	Vendor
Receiver Name:		Availity Customer ID:	
Contact Name*:			
Telephone Number*:	Ext:	E-mail Address*:	
PROVIDER INFORMATION		PROVIDER IDENTIFIERS INFORMATION	
Provider Name:	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):		
Street:			
City:	State/Province:	ZIP Code/Postal Code:	National Provider Identifier (NPI):
Provider Name:	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):		
Street:			
City:	State/Province:	ZIP Code/Postal Code:	National Provider Identifier (NPI):
PROVIDER CONTACT INFORMATION			
Provider Contact Name:			
Telephone Number:		E-mail Address:	
ELECTRONIC REMITTANCE ADVICE INFORMATION			
Preference for Aggregation of Remittance Data	Provider Tax Identification Number (TIN):		
	National Provider Identifier (NPI):		
SUBMISSION INFORMATION			
Reason for Submission:	New Enrollment	Change Enrollment	Cancel Enrollment
Authorized Signature:			
<p>Important: By typing or signing a name in this field, you acknowledge and agree that you have been authorized by the provider or its agent to initiate, modify, or terminate an enrollment. You further acknowledge and agree that you have the legal authority to perform such action on behalf of your organization. In no event will Availity be liable for any losses or damages including without limitation, indirect or consequential losses or damages, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with this submission.</p>			
Printed Name of Person Submitting Enrollment:		Submission Date:	
SEND THE FORM VIA:	E-mail:	Fax: 904.470.4773	Mail: Availity LLC P.O. Box 550857 Jacksonville, FL 32255-0857

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