



COMPLETING THE ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

1. SUBMISSION INFORMATION

Reason for Submission

- **New Enrollment** – Select this option if you are setting up ERA (835) for the first time.
- **Change Enrollment** – Select this option when changing from an existing Trading Partner to a new Trading Partner. SCAN allows you to be setup under only one Trading Partner ID a time.
- **Cancel Enrollment** – Select this option when altogether terminating enrollment from the ERA (835) process.

2. PROVIDER INFORMATION

Provider Name – Complete legal name of institution, corporate entity, practice or individual provider.

Street Address – The provider's street address.

City – City associated with provider address field.

State/Province – The two character code associated with the State/Province/Region of the applicable country.

ZIP Code/Postal Code – Zip code associated with provider's address.

3. PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

National Provider Identifier (NPI) – Provider's unique 10-digit number issued to healthcare providers by NPPES to identify providers.

SCAN Provider Number – Please enter the provider's 6-digit provider number assigned by SCAN health plan. This number can be found in the first page of your paper RA at the top right hand side under the heading "Provider No."

The image shows a portion of an ERA enrollment form. On the left, there is a header for SCAN Health Plan with contact information for Long Beach, CA. Below this is a barcode and the address for Atlanta, GA. On the right, a red box highlights the following information:

Payer:	SHPAZMEDICARE
Provider No.:	012345
Provider Name:	XXXX XXXXXXXX, MD. PC
Tax ID No.:	86XXXXXX67
Check Number:	123456
Check Date:	03/22/2014

4. PROVIDER CONTACT INFORMATION

Contact Name – Name of a contact in provider office for handling ERA issues.

Title – Title of the contact person.

Telephone Number – Associated with the contact person.

Email Address – An electronic mail address at which the health plan might contact the provider.

Fax Number – A number at which the provider can be sent facsimiles.

5. ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Office Ally Username – Username established with Office Ally for purposes of retrieving ERA. If retrieving ERA directly from your clearinghouse, please obtain username from your clearinghouse.

Clearinghouse Used For Submitting SCAN Electronic Claims – Name of the Clearinghouse used by your provider to submit electronic claims to SCAN Health Plan.

Discontinue Paper Remittance Advice

Yes – You would like to discontinue receiving paper remittance advice. All your remittance advice will be delivered electronically.

No – You would like to continue receiving your remittance advice in both the paper and electronic format.

6. ELECTRONIC FUNDS TRANSFER

Please Contact Me Regarding EFT – The electronic funds transfer is handled by our business partner Emdeon. Click “Yes” if you are interested in receiving additional information regarding electronic funds transfer (EFT) or you may sign-up for EFT directly by login onto the Emdeon website at <http://www.emdeon.com/eft>.

IMPORTANT INFORMATION REGARDING EFT!

If you are currently enrolled or plan to enroll in electronic funds transfer, new operating rules have been implemented effective January 1, 2014 to successfully enable the re-association between your EFT and your Electronic Remittance Advice (ERA) using a TRN Trace Number data segment which is now included in both transactions. ACH Payment Related Information can now be sent to you by your financial institution that will enable you to link an EFT payment to the corresponding claim in your ERA file. Please contact your financial institution to request the delivery of the ACH Payment Related Information.

7. SIGNATURE

Authorized Signature – The written or electronic signature of an individual authorized by the provider or it’s agent to initiate, modify or terminate an ERA enrollment.

RETURN INFORMATION

Please complete all fields on the Enrollment Form and fax or electronically email the application to:

Attention: SCAN EDI Dept.

Fax: (562) 426-2150

Email: Esupport@scanhealthplan.com

Standard processing is 14 business days.



835 ENROLLMENT REQUEST

By completing this form, you are enrolling for the receipt of an electronic remittance advice (ERA)/835.

1. SUBMISSION INFORMATION		
Reason For Submission:		
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
2. PROVIDER INFORMATION		
Provider Name		
Provider Street Address		
City	State/Province	Zip Code
3. PROVIDER IDENTIFIERS INFORMATION		
Federal Tax Identification Number (TIN)		
National Provider Identifier (NPI)		SCAN Provider Number
4. PROVIDER CONTACT INFORMATION		
Contact Name		Title
Telephone Number	Email Address	Fax Number
5. ERA CLEARINGHOUSE INFORMATION		
Office Ally Username		
Clearinghouse Used For Submitting SCAN Electronic Claims:		
Discontinue Paper Remittance Advice		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. ELECTRONIC FUNDS TRANSFER (EFT)		
Please Contact Me Regarding EFT		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. SIGNATURE		
Authorized Signature		Date