



# SAMARITAN HEALTH PLANS (SAMHP) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- **Samaritan Health Plans EFT/ERA Enrollment Form**
  - **Note:** *If enrolling for EFT or changing your current EFT enrollment, a copy of a voided check and/or verification letter from your financial institution must also be faxed to the payer.*

## WHERE SHOULD I SEND THE FORM(S)?

- Fax the enrollment form to (541) 768-9378

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7 business days

**ELECTRONIC FUNDS TRANSFER (EFT)  
ELECTRONIC REMITTANCE ADVICE (ERA)**



<b>TYPE OF SUBMISSION</b> <i>(required for EFT and/or ERA enrollment)</i>									
<b>Reason for submission:</b> <i>(select all that apply)</i>	<table border="0"> <tr> <td><b>EFT enrollment</b></td> <td><b>ERA enrollment</b></td> </tr> <tr> <td><input type="checkbox"/> New enrollment</td> <td><input type="checkbox"/> New enrollment</td> </tr> <tr> <td><input type="checkbox"/> Change enrollment</td> <td><input type="checkbox"/> Change enrollment</td> </tr> <tr> <td><input type="checkbox"/> Cancel enrollment</td> <td><input type="checkbox"/> Cancel enrollment</td> </tr> </table>	<b>EFT enrollment</b>	<b>ERA enrollment</b>	<input type="checkbox"/> New enrollment	<input type="checkbox"/> New enrollment	<input type="checkbox"/> Change enrollment	<input type="checkbox"/> Change enrollment	<input type="checkbox"/> Cancel enrollment	<input type="checkbox"/> Cancel enrollment
<b>EFT enrollment</b>	<b>ERA enrollment</b>								
<input type="checkbox"/> New enrollment	<input type="checkbox"/> New enrollment								
<input type="checkbox"/> Change enrollment	<input type="checkbox"/> Change enrollment								
<input type="checkbox"/> Cancel enrollment	<input type="checkbox"/> Cancel enrollment								
<b>PROVIDER INFORMATION</b> <i>(required for EFT and/or ERA enrollment)</i>									
Provider name:									
Provider identifiers:									
Provider federal tax identification number (TIN):	Type of tax ID: <input type="checkbox"/> EIN <input type="checkbox"/> SSN								
National provider identifier (NPI):									
Provider contact name:									
Phone:	Email:								
<b>FINANCIAL INSTITUTION INFORMATION</b> <i>(required for EFT enrollment)</i>									
Financial institution:									
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing number:								
Account number:									
<b>Account number linkage to provider identifier:</b> <i>Enter one of the following to indicate preference for grouping claim payments – must match remittance advice preference.</i>									
Provider federal tax identification number (TIN) or employer identification number (EIN): _____									
National provider identifier (NPI): _____									
<b>ELECTRONIC REMITTANCE ADVICE INFORMATION</b> <i>(required for ERA enrollment)</i>									
<b>Preference for aggregation of remittance data</b> <i>(e.g., account number linkage to provider identifier):</i> Check one of the following to indicate preference for grouping claim payments – must match payment preference.									
<input type="checkbox"/> Provider federal tax identification number (TIN) or employer identification number (EIN)									
<input type="checkbox"/> National provider identifier (NPI)									
<b>ELECTRONIC REMITTANCE CLEARINGHOUSE INFORMATION</b> <i>(required for ERA enrollment if vendor/clearinghouse is method of ERA retrieval)</i>									
Clearinghouse name <i>(see Samaritan Health Plans' list of EDI providers):</i>									
<b>SUBMISSION INFORMATION</b> <i>(required for EFT and/or ERA enrollment)</i>									
Electronic signature of person submitting enrollment:									
Title of person submitting enrollment:									
Submission date:									