

# SAN FRANCISCO HEALTH PLAN (SFHP1) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- SFHP Electronic Remittance Advice (ERA) Enrollment Form

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

- Email the ERA enrollment form to [EDI\\_Management@sfhp.org](mailto:EDI_Management@sfhp.org)

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 10-14 business days

## HOW DO I CHECK STATUS?

- Send an email to [EDI\\_Management@sfhp.org](mailto:EDI_Management@sfhp.org) to check the status of your enrollment (include NPI/Tax ID).

## Electronic Remittance Advice (ERA) Enrollment Form

**Directions:** An asterisk (\*) indicates required fields within each section. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to instructions before completing this form. A National Provider Identifier (NPI) is required when the provider has been enumerated with an NPI.

**PROVIDER INFORMATION**

*Provider Name:		
*Street:		
*City:	*State/Province:	*ZIP Code/Postal Code:
Telephone Number:	Email Address:	

**PROVIDER IDENTIFIERS INFORMATION**

*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
*National Provider Identifier (NPI):

**PROVIDER CONTACT INFORMATION**

*Provider Contact Name:	Title:
*Telephone Number:	Fax Number:
*Email Address:	

**ERA INFORMATION**

*Preference for Aggregation of Remittance Data (select one):	
<input type="checkbox"/> Provider Tax Identification Number (TIN) <input type="checkbox"/> National Provider Identification Number (NPI)	
Clearinghouse Name:	Clearinghouse Contact Name:
Telephone Number:	Email Address:
Vendor Name:	Vendor Contact Name:
Telephone Number:	Email Address:
*Reason for Submission: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
Name of Authorized Official:	
*Signature of Authorized Official:	