



SANFORD HEALTH PLAN (91184) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- No enrollment form is needed. However, you will need to register for a new account with REDCARD by clicking [here](#).
 - Once you have completed the account setup, an email will be sent to the email address you have provided.
- Full instructions are below to complete the enrollment after the ERA account is set up.
 - Please note that EFT is required to get ERAs.

WHAT IS THE TURNAROUND TIME?

- Once you have completed the enrollment, your ERAs will be setup to come to Office Ally.



RedCard Invitation Enrollment Instructions

To opt in to receive 835s, you must begin by registering for a new account

Step 1:

Visit enroll.ach835.com/new

The image is a screenshot of a web form titled "Provider Electronic Payment/Remit Enrollment". The form is titled "EFT/ERA Enrollment" and contains several input fields. The fields are: "Invitation Code", "Provider TIN", "Provider NPI", "Contact Name" (with sub-fields for "Last" and "First"), "Contact Email", "Re-enter Contact Email", and "Contact Phone". There is a green "Submit" button at the bottom right of the form. Below the form, there is a link that says "Already created your account? Click here to login." The RedCard logo and tagline are visible in the top left corner of the page.

Step 2:

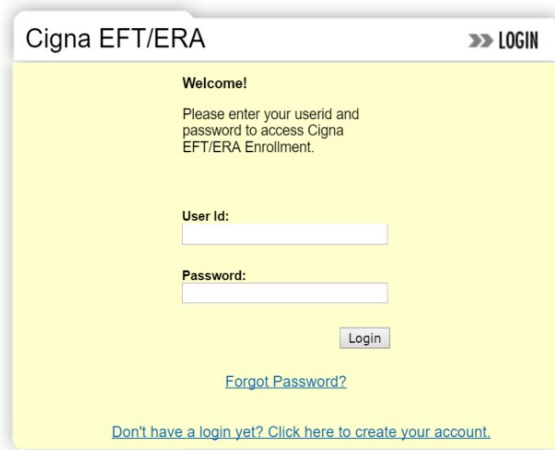
Complete and submit the Provider Information on the EFT/ERA Enrollment Form.

Step 3:

Once submitted an email will be sent to the address you provided. Follow the instructions in the email.

Step 4:

Log-in using the credentials you received in the e-mail.



Cigna EFT/ERA » LOGIN

Welcome!

Please enter your userid and password to access Cigna EFT/ERA Enrollment.

User Id:

Password:

[Forgot Password?](#)

[Don't have a login yet? Click here to create your account.](#)

Step 5:

To enroll for electronic funds transfer (EFT) payments click “Continue Enrollment”.

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click “Continue Enrollment” in the EFT Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT enrollment first. The “Start Enrollment” button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

EFT Enrollment

1) **Continue Enrollment**

2) *Enter Test Deposit Amount*

3) *Final Validation*

4) *Enrollment Complete*

ERA (835) Enrollment

1) **Continue Enrollment**

2) *Final Validation*

3) *Enrollment Complete*

You may also enroll for ERA (835), but you must submit your EFT enrollment first.

Step 6:

Complete each section of the EFT Enrollment form.

Cigna EFT/ERA Enrollment

* = required field

Provider Information

Note: A change to your Account Type, Financial Institution Routing Number, or Financial Institution Account Number will result in a new Test Deposit transaction that you must verify before your changes will be marked complete in our system.

* Name:

Doing Business As (DBA):

Provider Address

* Address Line 1:

Address Line 2:

* City: * State: * Zip:

Provider Identifiers Information

* Provider Tax Identification Number (TIN): * Re-enter Provider Tax Identification Number (TIN):

* National Provider Identifier (NPI): * Re-enter National Provider Identifier(NPI):

Trading Partner ID: ?

Provider Contact Information

* Contact Name:
 Last First

* Contact Phone:

* Contact Email:

* Contact Fax:

After completing the Provider Information sections (Provider Information, Provider Address, Providers Identifiers Information and Provider Contact Information), you will now complete the Financial Institution & Account sections.

To provide an additional level of bank account verification, please upload a voided check image associated with the checking or savings account you provide when completing the Financial Institution section of this enrollment form.

Financial Institution Information

Note: A change to your Account Type, Financial Institution Routing Number, or Financial Institution Account Number will result in a new Test Deposit transaction that you must verify before your changes will be marked complete in our system.

* Financial Institution Name

* Financial Institution Address 1

Financial Institution Address 2

* Financial Institution City * State * Zip

Financial Institution Phone:

Financial Institution Account Information

Account Type:

* Financial Institution Routing Number

* Financial Institution Account Number

* Financial Institution Confirmation ?

Upload image of voided check or voided deposit slip. Click ? for more details if needed.

Current Image:
 No file selected.

Submission Information

* Payment Grouping ?

Reason for submission:
 New Enrollment
 Change Enrollment
 Cancel Enrollment

Authorized Signature

* Signature:

Submission Date:

* Requested EFT Effective Date:

Step 7:

The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment" in the EFT Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT enrollment first. The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

EFT Enrollment Edit/Review

- 1) Continue Enrollment
- 2) Enter Test Deposit Amount
- 3) Final Validation
- 4) Enrollment Complete

ERA (835) Enrollment

- 1) Continue Enrollment
- 2) Final Validation
- 3) Enrollment Complete

Complete each section of the ERA (835) Enrollment form.

Cigna EFT/ERA Enrollment

* = required field

Provider Information

* Name:
Full Provider Name

Doing Business As (DBA):

Provider Address

* Address Line 1:

Address Line 2:

* City: * State: * Zip:

Provider Identifiers Information

* Provider Tax Identification Number (TIN): Verify:

* National Provider Identifier (NPI): Verify:

Trading Partner ID:

Complete the Electronic Remittance Advice Information, Submission Method sections. Once you have verified that all information is correct you will authorize the enrollment with an electronic signature as well as have you select the ERA effective date

Provider Contact Information

* Contact Name:

Last First

* Contact Phone:

* Contact Email:

* Contact Fax:

Electronic Remittance Advice Information

Method of Retrieval: Clearinghouse Portal

Submission Information

Reason for submission: New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature

* Signature:

Submission Date:

* Requested ERA Effective Date:

Step 8:

Once you have completed and submitted the ERA Enrollment form you will receive a notification email confirming that your account is active.

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment" in the EFT Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT enrollment first. The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

EFT Enrollment Edit/Review

- 1) Continue Enrollment ✔
- 2) Enter Test Deposit Amount ✔
- 3) Final Validation ✔
- 4) Enrollment Complete ✔

ERA (835) Enrollment Edit/Review

Your ERA Enrollment has been submitted and has been verified. You will receive an email confirmation indicating that your account is active.

- 1) Continue Enrollment ✔
- 2) Final Validation ✔
- 3) Enrollment Complete

Step 9:





Enrollment Completed!

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment" in the EFT Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT enrollment first. The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.



EFT Enrollment

[Edit/Review](#)

- 1) Continue Enrollment 
- 2) Enter Test Deposit Amount 
- 3) Final Validation 
- 4) Enrollment Complete 

ERA (835) Enrollment

[Edit/Review](#)

- 1) Continue Enrollment 
- 2) Final Validation 
- 3) Enrollment Complete 