

WHICH FORMS SHOULD I COMPLETE?

- ELECTRONIC HEALTH CARE CLAIM PAYMENT/ADVICE RECEIVER REQUEST
 - o Please note, ERA enrollment is completed for all the following payers together:

Group Name	Office Ally
Palo Alto Medical Foundation	SC050
Sutter East Bay Medical Foundation	SC020
Sutter Gould Medical Foundation	SC003
SIP, SMG SAC/PLACER, SMG YOLO, SMG Solano, SutterMedical Center Sacramento (SMCS)	SC004
Sutter Pacific Medical Foundation	SC008
SEBRH (ABSMC)-BTMG	SC051
SEBRH Non Sutter Groups	SC052
California Pacific Medical Center	SC053
Sutter Senior Care	SC028
MMC Non Sutter (all care)	SC054

WHERE SHOULD I SEND THE FORM(S)?

- Email to ISOpsAppsEDI@sutterhealth.org

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 10 Business day.

HOW DO I CHECK STATUS?

- The payer will email back once the enrollment has been processed and approved. For additional information or assistance, contact the payer at 1-800-611-5191.



**ELECTRONIC HEALTH CARE CLAIM PAYMENT/ADVICE
RECEIVER REQUEST
(ANSI ASC X12N 835 5010 TRANSACTION)**

PROVIDER INFORMATION

PROVIDER NAME (full legal)					
DBA (if applicable)					
9 DIGIT FEDERAL TAX ID NUMBER (submit one form per Tax ID)			Billing Provider's NPI		
PROVIDER ADDRESS (number, street):		CITY		STATE	ZIP CODE
CONTACT PERSON					
CONTACT PHONE NUMBER:			CONTACT EMAIL ADDRESS:		
CLEARINGHOUSE NAME: Office Ally					
PAYER ID #1: SC050	PAYER ID #2: SC020	PAYER ID #3: SC003	PAYER ID #4: SC004	PAYER ID #5: SC008	PAYER ID #6: SC051
PAYER ID #7: SC052	PAYER ID #8: SC053	PAYER ID #9: SC028	PAYER ID #10: SC054		

List additional payer IDs if needed (submit all payer ID's on one form) –

The Provider is required to notify SH IS EDI in writing immediately upon any change in or termination of their agreement.

I hereby authorize SH IS EDI to update the previous 835-Receiver Request with the information on this form.

PROVIDER SIGNATURE INFORMATION: _____

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MMC Non Sutter (all care)	SC054

* SGMF or MMC will be enrolled in both

PLEASE RETURN COMPLETED FORM TO:

ISOpsAppsEDI@sutterhealth.org

Sutter Health IS/RCPM EDI Dept.

P.O. Box 254707

Sacramento, CA. 95865-4707

Fax (916) 854-6722

For additional information or for assistance in completing the application, call 1-800-611-5191