



UHIN ERA ENROLLMENT FORM

Email this form to Support@officeally.com. The Email Subject should read: UHIN ERA Enrollment. Please make sure to print legibly and to complete this form in its entirety. Standard processing time is 5-10 business days. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

PROVIDER INFORMATION

Provider Name:

Provider Address:

City:

State:

Zip:

PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number
Employer Identification Number (EIN):**

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

Contact Name:

Telephone Number/Extension:

Email Address:

Fax Number:

PROVIDER PHYSICAL ADDRESS (if different from above)

Provider Address:

City:

State:

Zip:

PAYER NAMES (CHECK ALL THAT APPLY)

SX105 – Deseret Mutual Benefit Administrators

SX110 – EMI Health

75091 – Equitable Life & Casualty Insurance Company

31059 – State Farm Property & Casualty

VHP01 - Valley Health Plan (Commercial)

VHP02 - Valley Health Plan (Medi-Cal)

SUBMISSION INFORMATION

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.