



# UHING ERA ENROLLMENT FORM

Email this form to [Support@officeally.com](mailto:Support@officeally.com). The Email Subject should read: UHING 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. **“UHING Pass-Through Fee Option” is required to be able to receive ERAs for these Payers, otherwise ERAs will be disabled.**  
**Please ensure your account is set up for the “UHING Pass-Through Fee Option” prior to enrolling for ERAs for these Payers.**

## 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

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.