



# UPMC HEALTH PLAN (23281) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- **Emdeon ERA Enrollment Form**
- **[Authorization for 835 ERA Enrollment Form](#)**
  - Contact Name: Enrollment Help Desk
  - Clearinghouse Name: Change Healthcare
  - Contact Phone Number: 866-924-4634
  - Clearinghouse E-Mail: [PayerRegistration@changehealthcare.com](mailto:PayerRegistration@changehealthcare.com)

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

- Email the **Emdeon ERA Enrollment Form** to [Support@officeally.com](mailto:Support@officeally.com)
- **Authorization for 835 ERA Enrollment Form** will be completed online

## WHAT IS THE TURNAROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERAs can take anywhere from 14 to 45 business days to begin coming through.



# EMDEON ERA ENROLLMENT FORM

In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to [Support@officeally.com](mailto:Support@officeally.com), the Email Subject should read: Emdeon ERA Enrollment.

## PAYER NAME AND PAYER ID:

## PROVIDER INFORMATION:

Provider Name:

Provider Address:

## PROVIDER IDENTIFIER INFORMATION:

Provider Federal Tax Identification Number (TIN)  
OR Employer Identification Number (EIN):

National Provider Identifier (NPI):

## PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

## ELECTRONIC REMITTANCE ADVICE INFORMATION:

Preference for Aggregation  
Of Remittance Data:

**Note:** Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

## SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

**Note:** Electronic Signature (typed name) of Person Submitting ERA Enrollment.