



# VIRGINIA PREMIER (54176) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- **Emdeon ERA Enrollment Form**
- **VA Premier EDI 835 (ERA) Enrollment Form**
  - Vendor Information:
    - Submitter ID: 330897513
    - Submitter Name: Office Ally
    - ERA Receiver Distribution Detail: OFFALLEY

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

- Email the **Emdeon ERA Enrollment Form** to [enrollmentadmin@officeally.com](mailto:enrollmentadmin@officeally.com)
- Email the **VA Premier EDI 835 (ERA) Enrollment Form** to [batchenrollment@changehealthcare.com](mailto:batchenrollment@changehealthcare.com); OR  
Fax to (615) 885-3713

## 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.

## HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check the status of the Emdeon ERA Enrollment Form, please email or call Office Ally's Customer Support Department at [support@officeally.com](mailto:support@officeally.com) or (360) 975-7000 option 1.
  - Make sure to provide the Payer, TIN/EIN and NPI that was submitted on the form when you contact us.



# 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 [EnrollmentAdmin@officeally.com](mailto:EnrollmentAdmin@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.*

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of  
 U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



# EDI 835 (ERA) Enrollment Form (To Receive Electronic Remits)

Date \_\_\_\_\_

<b>1   Submitter Information</b> <i>(to be filled out by the clearinghouse)</i>		
<b>CLEARINGHOUSE</b>		
Clearinghouse Contact Name		
Clearinghouse Address		
City	State	Zip
Phone	<b>Email</b>	
<i>[Note: VPHP will send enrollment confirmation to the email address above.]</i>		
<b>2   Billing Agent/Service Information</b> <i>[refers to the clearinghouse]</i>		
Billing Agent Name		
Billing Agent Tax ID		
<b>3   Provider Group Information</b> <b>( W-9 Required)</b>		
Group/Provider Name		
Group/Provider Tax ID		
Group/Provider NPI# (if applicable)		
<b>4   Group/Provider Remittance/Billing Address</b>		
Address		
City	State	Zip
<b>5   Effective Date of EDI EOB</b>		
<b>6   Termination Date of EDI EOB</b> <i>(if requesting termination)</i>		

- ❖ If your clearinghouse instructs you to send this form directly to Virginia Premier, either:
  - [Preferred]  
Email the completed form (as an attachment) to:  
[vphp\\_edi@vapremier.com](mailto:vphp_edi@vapremier.com)
  - Or -
  - Fax the completed form to: **877-289-9340**
- ❖ Otherwise, send the form to your clearinghouse as per their instructions.
- ❖ Confirmation of your EDI Enrollment at Virginia Premier will be emailed to your clearinghouse within 10 business days.
- ❖ Questions about the status of your request should be directed to your clearinghouse, rather than to Virginia Premier.

<b>Internal Use</b>	
ID#	_____
W-9 on file	_____
Database	<input type="checkbox"/>
FAX	<input type="checkbox"/>
E-Mail	<input type="checkbox"/>
Date	_____