

VAPCC REGION 1, 2 AND 4 (68021) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Electronic Remittance Advise Enrollment.

WHERE SHOULD I SEND THE FORM(S)?

- Email completed form to enrollments@optum.com

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 20 business days.



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|-------------|-----------|
| Payer Name: | Payer ID: |
|-------------|-----------|

Overview

Complete all forms as instructed below and return them via e-mail or fax for the additional processing necessary to set up your account for electronic remittance advice (ERA). We will attach your agreements to your account in our system for tracking purposes.

Estimated approval timeframe: _____

Enrollment Agreement Instructions

To enroll for ERAs with _____:

1. Complete the attached Optum Electronic Remittance Advice Enrollment form.
2. Complete the attached payer enrollment form, which includes instructions to assist with your enrollment.

3. Return all completed forms, along with your Optum Electronic Remittance Advice Enrollment form, to Optum via e-mail (preferred) or fax:

Important: Include your 8-digit ENS/Optum user ID on all correspondence.

| E-mail (preferred) | Fax |
|--|----------------|
| E-mail the completed forms to enrollments@optum.com : 1. Click the Submit button at the bottom of the form. 2. In the Send Email dialog box, select Default email application and click Continue . A new e-mail message will display with the Optum Electronic Remittance Advice Enrollment form attached to it. 3. Attach the payer enrollment form to the e-mail and send the e-mail. | (877) 630-2064 |

Who do I contact if I have questions?

Contact the Optum Enrollment Department at (866) 367-9778, option 1.



Optum Electronic Remittance Advice Enrollment

Rev. 08.19.2016.1

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|---|---|------------------------------------|---|
| Optum User ID: | | | |
| PAYER INFORMATION | | | |
| Payer Name: | | | Payer ID: |
| RECEIVER INFORMATION | | | |
| Your ERA files will be received by the following clearinghouse: | | | |
| Receiver Name: | | | Availity Customer ID: |
| Contact Name: | | | |
| Telephone Number: | Ext: | E-mail Address: | |
| PROVIDER INFORMATION | | | PROVIDER IDENTIFIERS INFORMATION |
| Provider Name: | | | Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): |
| Street: | | | |
| City: | State/Province: | ZIP Code/Postal Code: | National Provider Identifier (NPI): |
| PROVIDER CONTACT INFORMATION | | | |
| Provider Contact Name: | | | |
| Telephone Number: | | E-mail Address: | |
| ELECTRONIC REMITTANCE ADVICE INFORMATION | | | |
| Preference for Aggregation of Remittance Data | Provider Tax Identification Number (TIN): | | |
| | National Provider Identifier (NPI): | | |
| | | | Date: |
| SUBMISSION INFORMATION | | | |
| Reason for Submission: | New Enrollment | Change Enrollment | Cancel Enrollment |
| Authorized Signature: | | | |
| Important: By typing or signing a name in this field, you acknowledge and agree that you have been authorized by the provider or its agent to initiate, modify, or terminate an enrollment. You further acknowledge and agree that you have the legal authority to perform such action on behalf of your organization. | | | |
| Printed Name of Person Submitting Enrollment: | | | Submission Date: |
| SEND THE FORM VIA: | E-mail: enrollments@optum.com | | Fax: (877) 630-2064 |
| Optum Internal use only: | | Availity Internal use only: | |