



COMPLEMENTARY HEALTHCARE PLANS (CHP01) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Electronic Remittance Advice (ERA) Enrollment

WHERE SHOULD I SEND THE FORM(S)?

- Fax form to (877) 482-2856; OR
- Mail form to:
 - The CHP Group
PO Box 278
Beaverton, OR 97075-0278

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 2-3 business days after the receipt of enrollment

HOW DO I CHECK STATUS?

- Call (800) 449-9479 and ask if you have been linked to Office Ally for ERAs.



Electronic Remittance Advice (ERA) Enrollment Form

ENROLLMENT

New Enrollment

Change Enrollment

Cancel Enrollment

Requested ERA Effective Date: _____

PROVIDER INFORMATION

Provider Name: _____

Doing Business As (DBA) Name: _____

Payee Name: _____

Tax Identification Number: _____

National Provider Identifier: _____

Preference for Aggregation of Remittance Data (e.g., Account Number
Linkage to Provider Identifier): _____

Tax ID: NPI:

BILLING OFFICE CONTACT INFORMATION (if different from Provider)

EFT Contact Name: _____

EFT Contact Phone #: _____

EFT Contact Email: _____

Technical Contact Name: _____

Technical Contact Phone #: _____

Technical Contact Email: _____

TRADING PARTNER AND SOFTWARE VENDOR INFORMATION (for ERA Enrollment)

If you send and receive electronic files through a clearinghouse (e.g. Office Ally, Healthsmart), please place their name below and your associated Submitter ID.

Clearinghouse Name: _____

Clearinghouse Submitter ID: _____

Software Vendor Name: _____

AUTHORIZATION AGREEMENT

Authorized Signature : _____

Date: _____

Printed Name: _____

Please return this form to The CHP Group

FAX: 877-482-2856 OR MAIL: The CHP Group, PO Box 278, Beaverton, OR 97075-0278