HEALTHBRIDGE (74853)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- No enrollment form is needed. However, you will need to register for a new account with REDCARD by clicking here.

  o Once you have completed the account setup, an email will be sent to the email address you have provided.

- Full instructions are below to complete the enrollment after the ERA account is set up.

  o Please note that EFT is required to get ERAs.

WHAT IS THE TURNAROUND TIME?

- Once you have completed the enrollment, your ERAs will be setup to come to Office Ally.

RedCard Invitation Enrollment Instructions

To opt in to receive 835s, you must begin by registering for a new account

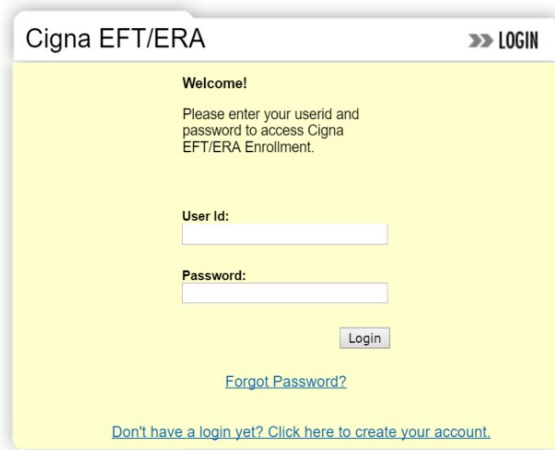Step 1:

Visit enroll.ach835.com/new

Step 2:

Complete and submit the Provider Information on the EFT/ERA Enrollment Form.

Step 3:

Once submitted an email will be sent to the address you provided. Follow the instructions in the email.

Step 4:

Log-in using the credentials you received in the e-mail.

Cigna EFT/ERA   >> LOGIN

Welcome!

Please enter your userid and
password to access Cigna
EFT/ERA Enrollment.

User Id:

Password:

Login

Forgot Password?

Don't have a login yet? Click here to create your account.

Step 5:

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment".

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment" in the EFT
Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT
enrollment first. The "Start Enrollment" button in the ERA (835) Enrollment panel will become
available after you submit your EFT Enrollment.

EFT Enrollment

1) Continue Enrollment   Continue Enrollment

2) Enter Test Deposit Amount

3) Final Validation

4) Enrollment Complete

ERA (835) Enrollment

1) Continue Enrollment   Start Enrollment

2) Final Validation

3) Enrollment Complete

You may also enroll for ERA (835), but you must submit your EFT enrollment first.

Step 6:

Complete each section of the EFT Enrollment form.

Cigna EFT/ERA Enrollment

* = required field

Provider Information

Note: A change to your Account Type, Financial Institution Routing Number, or Financial Institution Account Number will result in a new Test Deposit transaction that you must verify before your changes will be marked complete in our system.

* Name:

Full Provider Name

Doing Business As (DBA):

Provider Address

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip:

Provider Identifiers Information

* Provider Tax Identification Number (TIN):

* Re-enter Provider Tax Identification Number (TIN):

* National Provider Identifier (NPI):

* Re-enter National Provider Identifier(NPI):

Trading Partner ID:

(?)

Provider Contact Information

* Contact Name:

Last

First

* Contact Phone:

* Contact Email:

* Contact Fax:

(___) ___-____

After completing the Provider Information sections (Provider Information, Provider Address, Providers Identifiers Information and Provider Contact Information), you will now complete the Financial Institution & Account sections.

To provide an additional level of bank account verification, please upload a voided check image associated with the checking or savings account you provide when completing the Financial Institution section of this enrollment form.

Financial Institution Information

Note: A change to your Account Type, Financial Institution Routing Number, or Financial Institution Account Number will result in a new Test Deposit transaction that you must verify before your changes will be marked complete in our system.

* Financial Institution Name

* Financial Institution Address 1

Financial Institution Address 2

* Financial Institution City   * State   * Zip

Financial Institution Phone:

Financial Institution Account Information

Account Type   Checking

* Financial Institution Routing Number

* Financial Institution Account Number

* Financial Institution Confirmation   (?)

Upload image of voided check or   Current Image:
voided deposit slip. Click ? for more   redcardlogo.PNG
details if needed.
                                               Browse...   No file selected.

Submission Information

* Payment Grouping   (?)

NPI

Reason for submission: ○ New Enrollment
                                                ◉ Change Enrollment
Authorized Signature   ○ Cancel Enrollment

* Signature:

Submission Date:
2016-04-08

* Requested EFT Effective Date:

[Save Progress]   [Submit]

Step 7:

 The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

EFT Enrollment   Edit/Review

1) Continue Enrollment   ✔

2) Enter Test Deposit Amount   ✔

3) Final Validation   ✔

4) Enrollment Complete   ✔

ERA (835) Enrollment

1) Continue Enrollment   [Start Enrollment]

2) Final Validation

3) Enrollment Complete

Complete each section of the ERA (835) Enrollment form.

Cigna EFT/ERA Enrollment

* = required field

Provider Information

* Name:

[Full Provider Name]

Doing Business As (DBA):

Provider Address

* Address Line 1:

Address Line 2:

* City: * State: * Zip:

Provider Identifiers Information

* Provider Tax Identification Number (TIN):   Verify:

* National Provider Identifier (NPI):   Verify:

Trading Partner ID:

Complete the Electronic Remittance Advice Information, Submission Method sections. Once you have verified that all information is correct you will authorize the enrollment with an electronic signature as well as have you select the ERA effective date

Provider Contact Information

* Contact Name:

Last	First

* Contact Phone:

* Contact Email:

* Contact Fax:

Electronic Remittance Advice Information

Method of Retrieval: ○ Clearinghouse
                        ● Portal

Submission Information

Reason for submission: ● New Enrollment
                          ○ Change Enrollment
                          ○ Cancel Enrollment

Authorized Signature

* Signature:

Submission Date:

2016-04-14

* Requested ERA Effective Date:

[Save Progress]   [Submit]

Step 8:

Once you have completed and submitted the ERA Enrollment form you will receive a notification email confirming that your account is active.

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment" in the EFT Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT enrollment first. The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

EFT Enrollment   Edit/Review

1) Continue Enrollment   ✔
2) Enter Test Deposit Amount   ✔
3) Final Validation   ✔
4) Enrollment Complete   ✔

ERA (835) Enrollment   Edit/Review

Your ERA Enrollment has been submitted and has been verified. You will receive an email confirmation indicating that your account is active.

1) Continue Enrollment   ✔
2) Final Validation   ✔
3) Enrollment Complete

Step 9:

Enrollment Completed!

Welcome to the EFT/ERA Enrollment Portal

To enroll for electronic funds transfer (EFT) payments click "Continue Enrollment" in the EFT Enrollment panel below. You may also enroll for ERA (835), but you must submit your EFT enrollment first. The "Start Enrollment" button in the ERA (835) Enrollment panel will become available after you submit your EFT Enrollment.

EFT Enrollment	Edit/Review
1) Continue Enrollment	✔
2) Enter Test Deposit Amount	✔
3) Final Validation	✔
4) Enrollment Complete	✔

ERA (835) Enrollment	Edit/Review
1) Continue Enrollment	✔
2) Final Validation	✔
3) Enrollment Complete	✔