



John Muir Physician Network
1450 Treat Blvd., Suite 350
Walnut Creek, CA 94597

John Muir Physician Network

Today's Date: _____

RE: Option to Receive Electronic Remittance Advice

Dear Provider:

Thank you for choosing the electronic method for submission of your healthcare claims for Physician Network HMO patients. We are happy to inform you that you now have the option to receive electronic Remittance Advice (RAs) for your Physician Network HMO claims (i.e., 835 RA transactions through OfficeAlly as your clearinghouse). We have completed testing of 835 Remittance Advice transactions with Office Ally and would like to invite you and your practice to begin receiving electronic RAs for these claims. Please sign below to acknowledge you wish to sign up for 835 Remittance Advice and return to us so we can initiate the process. Once we have you set up to receive electronic RAs, we will continue to provide you with the paper RA for a 30 day period, so you can be sure the process of posting your claims electronically via the 835 is working to your satisfaction.

YES, I want to begin receiving electronic RAs for my Physician Network HMO claims:

Physician/Group Practice Name: _____

Physician/Group Practice representative Contact Info (Name, Phone, Email): _____

Signature: _____

This agreement must contain an original signature. A faxed copy will not be accepted, therefore this must be mailed to:

John Muir Physician Network
Attn: EDI Configuration Dept.
P. O. Box 5107
Walnut Creek, CA 94596

Please call our Customer Service Department if you have any questions regarding this letter, at (925) 952-2887, Option 1.

Sincerely,
JMPN EDI Claims Analyst