



Overview

Availity® supports the exchange of electronic remittance advice (ERA) files for various payers in the ASC X12 835 format. Complete this enrollment form to receive 835 ERA files from payers through the Availity Web Portal. **All information on the form is required unless noted otherwise.**

The enrollment process establishes an electronic mailbox where Availity places ERA files received from payers. Availity requires the provider’s tax ID to establish an ERA receiver mailbox and to parse remittance transactions from the various payers. Availity will process your enrollment within three to five business days of receipt and will send you a confirmation e-mail once enrollment is complete.

Note for Billing Services:

If you are a billing service that wants to receive ERAs on behalf of one or more providers, you must have each provider complete and sign an enrollment form authorizing you to retrieve its remittance files, or you must submit a copy of your power of attorney for the provider with the enrollment form.

Instructions

- 1. Complete the form (type all responses). For information about a field on the form, refer to the field descriptions below.

Note: If you are returning the form via e-mail, type the name of the person who would normally sign the form in the **Authorized Signature** field.

- 2. Return the completed, signed form to Availity via:

E-mail	Fax	Mail
1. Click the Send Form button at the bottom of the form. 2. In the Send Email dialog box, click Default email application , and then click Continue . The form will be attached to an e-mail message that is automatically addressed to: Autoreg835@availity.com 3. Send the e-mail message.	904.470.4773	Availity, LLC P.O. Box 550857 Jacksonville, FL 32255-0857

Who do I contact if I have questions?

If you have questions about your enrollment, contact Availity Client Services at 1.800.AVAILITY (282.4548).

Field Descriptions

Section	Field	Description
PAYER INFORMATION	Payer Name	The name of the payer sending/issuing the X12 835 files.
	Payer ID	The payer's unique identifier.
RECEIVER INFORMATION	Who will receive your ERA files?	The type of organization that will receive the X12 835 files: Provider, Clearinghouse, or Vendor.
	Receiver Name	The name of the organization that will receive the X12 835 files.
	Availity Customer ID	The receiving organization's customer ID assigned by Availity. To determine your customer ID, click Who controls my access? at the top of any page in the Availity Web Portal.
	Contact Name	Name of a contact at the receiving organization (if different than the provider contact).
	Telephone Number/Ext	Telephone number of the receiving organization's contact.
	E-mail Address	E-mail address of the receiving organization's contact.
PROVIDER INFORMATION	Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
	Street	The number and street name where a person or organization can be found.
	City	City associated with provider address field.
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
PROVIDER IDENTIFIERS INFORMATION	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
	National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
PROVIDER CONTACT INFORMATION	Provider Contact Name	Name of a contact in provider office for handling ERA issues.
	Telephone Number	Associated with contact person.
	E-mail Address	An electronic mail address at which the health plan might contact the provider.
ELECTRONIC REMITTANCE ADVICE INFORMATION	Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	<p>Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment.</p> <ul style="list-style-type: none"> Provider Tax Identification Number (TIN) – Enter a TIN in the field provided if you select this option. National Provider Identifier (NPI) – Enter an NPI in the field provided if you select this option.



Multi-Payer Electronic Remittance Advice Enrollment

Rev. 03.04.2014.1

Field Descriptions (cont.)

Section	Field	Description
SUBMISSION INFORMATION	Reason for Submission	Select one of the following options: New Enrollment, Change Enrollment, or Cancel Enrollment.
	Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
	Submission Date	The date on which the enrollment is submitted.



Multi-Payer Electronic Remittance Advice Enrollment

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PAYER INFORMATION		Refer to the Availity Health Plan Partner List for payer IDs.	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
Payer Name:		Payer ID:	
RECEIVER INFORMATION		* If different than provider contact information.	
Who will receive your ERA files?	<input type="checkbox"/> Provider	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Vendor
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 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	<input type="checkbox"/>	Provider Tax Identification Number (TIN):	
	<input type="checkbox"/>	National Provider Identifier (NPI):	
SUBMISSION INFORMATION			
Reason for Submission:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
Authorized Signature:			
<p>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. In no event will Availity be liable for any losses or damages including without limitation, indirect or consequential losses or damages, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with this submission.</p>			
Printed Name of Person Submitting Enrollment:		Submission Date:	
SEND THE FORM VIA:	E-mail:	Fax: 904.470.4773	Mail: Availity LLC P.O. Box 550857 Jacksonville, FL 32255-0857

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