



REMITTANCE ADVICE OUTPUT SELECTION FORM

All of the following plans will all be updated to the paperless option if this option is selected:

- Altius CHC of Iowa CHC of Nebraska CHC of Illinois
- CHC of Kansas CHC of Missouri CHC of Tennessee

Provider Information

Pay-to Provider Name: _____
Pay-to Provider NPI: _____ Tax ID Number: _____
Contact Name: _____ Tel. Ph. #: _____
Contact Email: _____

I wish to receive the Coventry Health Care, Inc. paper Remittance Advice (RA) online at www.directprovider.com. I will no longer receive a paper RA by mail.

I on behalf of the Practice as set forth above, acknowledge and agree to the following:

- I am authorized to make this election on behalf of the above named Provider.
- The Provider is responsible to look for and retrieve the paper RA from www.directprovider.com.
- The Provider will be deemed to have received the RA (and notices contained therein) once it becomes available on www.directprovider.com.
- The electronic version of the RA constitutes the written notices of claims determinations (e.g., payment, denial) required by my state's prompt payment laws and may include other notifications required by law.

I understand and agree to the terms and conditions set forth in this form.

Signature

Date

Remit To: Coventry Health Care of Missouri, Inc. Provider Relations
550 Maryville Centre Dr.
St. Louis, MO 63141-5818
Fax To: 866-874-6403