

# COMPLETING THE ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

#### 1. SUBMISSION INFORMATION

#### **Reason for Submission**

- **New Enrollment** Select this option if you are setting up ERA (835) for the first time.
- **Change Enrollment –** Select this option when changing from an existing Trading Partner to a new Trading Partner. SCAN allows you to be setup under only one Trading Partner ID a time.
- Cancel Enrollment Select this option when altogether terminating enrollment from the ERA (835) process.

#### 2. PROVIDER INFORMATION

Provider Name - Complete legal name of institution, corporate entity, practice or individual provider.

**Street Address** – The provider's street address.

City - City associated with provider address field.

State/Province - The two character code associated with the State/Province/Region of the applicable country.

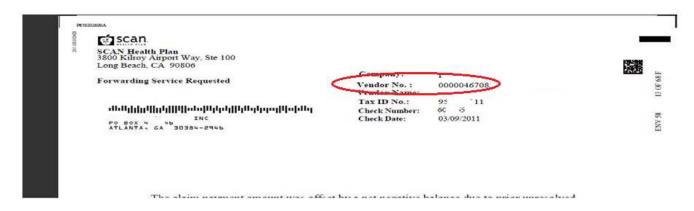
**ZIP Code/Postal Code** – Zip code associated with provider's address.

#### 3. PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number (TIN)** – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

**National Provider Identifier (NPI)** – Provider's unique 10-digit number issued to healthcare providers by NPPES to identify providers.

**SCAN Vendor Number** – The provider's 10-digit vendor number assigned by SCAN health plan. This number can be found in the first page of your paper RA at the top right hand side under the heading "Vendor No."



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#### 4. PROVIDER CONTACT INFORMATION

Contact Name – Name of a contact in provider office for handling ERA issues.

Title – Title of the contact person.

**Telephone Number** – Associated with the contact person.

Email Address – An electronic mail address at which the health plan might contact the provider.

Fax Number – A number at which the provider can be sent facsimiles.

#### 5. ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Method of Retrieval – The method in which the provider will receive the ERA from the health plan.

- From a clearinghouse (This may be the clearinghouse you currently use to submit your electronic claims)
- Direct from Office Ally

Clearinghouse Name – Name of the provider's clearinghouse used for purposes of submitting electronic claims.

Office Ally Username – Username established with Office Ally for purposes of retrieving ERA. If retrieving ERA directly from your clearinghouse, please obtain username from your clearinghouse.

## **Discontinue Paper Remittance Advice**

Yes – You would like to discontinue receiving paper remittance advice. All your remittance advice will be delivered electronically.

No - You would like to continue receiving your remittance advice in both the paper and electronic format.

#### **6. ELECTRONIC FUNDS TRANSFER**

Please Contact Me Regarding EFT – The electronic funds transfer is handled by our business partner Emdeon. Click "Yes" if you are interested in receiving additional information regarding electronic funds transfer (EFT) or you may sign-up for EFT directly by login onto the Emdeon website at <a href="http://www.emdeon.com/eft">http://www.emdeon.com/eft</a>.

### 7. SIGNATURE

**Authorized Signature** – The written or electronic signature of an individual authorized by the provider or it's agent to initiate, modify or terminate an ERA enrollment.

### **RETURN INFORMATION**

Please complete all fields on the Enrollment Form and fax or electronically email the application to:

Attention: SCAN EDI Manager

Fax: (562) 426-2150

Email: Esupport@scanhealthplan.com

Standard processing is 14 business days.

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# 835 ENROLLMENT REQUEST

By completing this form, you are enrolling for the receipt of an electronic remittance advice (ERA)/835.

1. SUBMISSION INFORM	IATION			
Reason For Submission:				
☐ New Enrollment	☐ Change Enrollment		☐ Cancel Enrollment	
2. PROVIDER INFORMAT	ΓΙΟΝ			
Provider Name				
Provider Street Address				
City	State/Province		Zip Code	
3. PROVIDER IDENTIFIE	RS INFORMAT	ION		
Federal Tax Identification Number (1	ΓIN)			
National Provider Identifier (NPI)		SCAN Vendor Number		
4. PROVIDER CONTACT	INFORMATIO	N		
Contact Name	ntact Name		Title	
Telephone Number	Email Address	-	Fax Number	
5. ERA CLEARINGHOUS	E INFORMATION	ON		
Method Of Retrieval	Clearinghouse Name Office Ally Office Ally Username			
☐ From Clearinghouse				
☑ Direct From Office Ally				
Discontinue Paper Remittance Advic	e			
☐ Yes ☐ No				
6. ELECTRONIC FUNDS	TRANSFER (E	FT)		
Please Contact Me Regarding EFT				
☐ Yes ☐ No				
7. SIGNATURE				
Authorized Signature		Da	ate	

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