



ELECTRONIC REMITTANCE ADVICE REGISTRATION FORM

To authorize us to send you the fully HIPAA-compliant Electronic Remittance Advice (ERA) 835 transaction, complete this registration form and fax it to the Priority Health EDI Team at 616 942-9932. After successful testing, complete the last section below and fax again. Contact us for help at any time at EDISETUP@priorityhealth.com or 616 464-8686.

ERA RECEIVER INFORMATION			
PRACTICE/FACILITY BILLING/PAY-TO INFORMATION AS IT APPEARS ON YOUR CLAIMS:			
Name:		Tax ID:	
Address:		NPI:	
City:	State:	Zip:	
Is there more than one Group/Organization that will be paid under the above tax ID?			<input type="checkbox"/> Yes <input type="checkbox"/> No
OFFICE ACCOUNTS RECEIVABLE CONTACT PERSON			
Name:		Phone:	
E-mail:		Fax:	
TECHNICAL INFORMATION			
PRACTICE MANAGEMENT SOFTWARE VENDOR			
Name:		Contact:	
E-mail:		Phone:	
SYSTEM CAPABILITIES:			
Does your system now successfully post from ERA files?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your system post withhold and/or capitation (not used by Medicare)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your system post at the claim level?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your system post at the service line level?			<input type="checkbox"/> Yes <input type="checkbox"/> No
TRANSMISSION/ROUTING OF ERA FILES:			
Can your system receive ERA files direct from Priority Health?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, preferred method:		<input type="checkbox"/> Dial-up BBS <input type="checkbox"/> FTP/PGP encrypted	
If no, how do you intend to receive the files (routes are limited)?			
Name:		Contact:	
E-mail:		Phone:	

HIPAA COMPLIANCE	
Is your practice management system HIPAA-compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your system or vendor send the 997 functional acknowledgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REGISTRATION SUBMITTER SIGNATURE	
Signature:	
Title:	Date:
ERA TEST SIGN-OFF ONLY TO BE COMPLETED AND FAXED TO 616 942-9932 AFTER SUCCESSFUL TESTING	
I certify that we have received a test file(s) and have successfully posted the file(s) to our system, we understand the HIPAA-mandated codes and we are ready to begin production. Our system (or vendor) WILL / WILL NOT (<i>please circle one</i>) send the functional acknowledgement upon ERA file receipt.	
We expect to receive the first production file by:	Wednesday, / /
Signature:	
Title:	Date: