

# Electronic remittance advice registration form

To authorize us to send you fully HIPAA-compliant Electronic Remittance Advice (ERA) 835 transactions, complete this form and fax it to our EDI team at 616.942.9932. After successful testing, complete the ERA test sign-off section of this form and fax the entire form to us again. Questions? Call us at 616.464.8686 or email [EDISETUP@priorityhealth.com](mailto:EDISETUP@priorityhealth.com).

## 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?  Yes  No

## Office accounts receivable contact person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

## Technical information

### Practice management software vendor

Name \_\_\_\_\_ Contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### System capabilities

Does your system now successfully post from ERA files?  Yes  No

Does your system post withhold and/or capitation (not used by Medicare)?  Yes  No

Does your system post at the claim level?  Yes  No

Does your system post at the service line level?  Yes  No

**Transmission/routing of ERA files**

Can your system receive ERA files direct from Priority Health?  Yes  No

If yes, preferred method  dial-up BBS  FTP/PGP encrypted

If no, how do you intend to receive the files (routes are limited)?

Name \_\_\_\_\_ Contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**HIPAA Compliance**

Is your practice management system HIPAA-compliant?  Yes  No

Does your system or vendor send the 997 functional acknowledgments?  Yes  No

**Registration submitter signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**ERA test sign-off**

**After successful testing, complete this section and fax the form to 616.942.9932.**

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 (circle one) send the functional acknowledgement upon ERA receipt.

We expect to receive the first production file by Wednesday                    /                    /

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date