



# Electronic Remittance Advice Enrollment

Once this form is submitted, Electronic Remittance Advice (ERA) will be set up within 10 business days. Paper remits will be disabled immediately.

Which of the following best describes your ERA status?

This is my **INITIAL SETUP** request.

I'm already setup but am **CHANGING MY INFORMATION**.

## Practice Information

Name: \_\_\_\_\_ Tax ID: 

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Email: \_\_\_\_\_ NPI: 

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Printed name and role of requesting party \_\_\_\_\_

## ERA Enrollment Information

Are you working with a Vendor/Clearinghouse?  Yes  No. We prefer to ERA directly.

Vendor/Clearinghouse Name: \_\_\_\_\_

Contact Person at Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

ERA Contact Person at Your Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Trading Partner Number: 

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*Your Trading Partner Number is a seven-digit number beginning with "17"*

Thanks for your choice to go green and streamline your remittance processes by utilizing our ERA service! Please be aware your paper remits will be discontinued immediately upon receipt of this form. Questions can be directed to Provider Services Operations Support who will be more than happy to help.

**Please send completed forms with attachments to:**

**Email:** ProviderServicesOperationsSupport@NebraskaBlue.com

**Fax:** 402-343-3457