



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 set up but am CHANGING MY INFORMATION.

Practice Information

Name: _____ Tax ID:

--	--	--	--	--	--	--	--	--	--

Email: _____ NPI:

--	--	--	--	--	--	--	--	--	--

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

Vendor/Clearinghouse Name: _____

Contact Person at Vendor: _____ Contact's Phone: _____

ERA Contact Person at Your Office: _____ Contact's Phone: _____

Your Trading Partner Number:

--	--	--	--	--	--	--	--

Your Trading Partner Number is a seven-digit number beginning with " 1 7 "

Thanks for your choice to go green and streamline your Remittance processes by utilizing our Electronic Remittance Advice service! Please be aware your paper remits will be discontinued immediately.

Please send completed forms with attachments to:
Email: HealthNetworkRequests@NebraskaBlue.com
Fax: 402-343-3455
Questions: Please email ProviderExecs@NebraskaBlue.com or visit NebraskaBlue.com/Providers.