



MAIL TO: Highmark Medicare Services Inc.
EDI
P.O. Box 890011
Camp Hill, PA 17089-0011

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

OFFICE USE ONLY

A NAME OF GROUP, PHYSICIAN, PROVIDER, OR SUPPLIER <i>(Must match the name on file at Medicare for the Provider ID listed below.)</i>		
B STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		
C CONTACT PERSON	D TELEPHONE NUMBER	E EMAIL ADDRESS FOR CONTACT PERSON

F CHECK ONE: Part A (Institutions) Part B (Professionals)
CHECK ONE STATE: DC (Part A) DCMA (Part B) DE MD NJ PA

G ERA requests will be processed as ANSI ASC X12N 835 Version 4010.A1, the HIPAA-compliant format/version.
 Enroll this NPI ID _____, and this Provider Transaction Access Number (PTAN) _____, cross-referenced to this Submitter ID _____, for Electronic Remittance Advice (ERA). For Part A Affiliated PTANs, attach a signed list on company letterhead.

H ERA SOFTWARE VENDOR
 PC-Print (Part A Only)
 Medicare Remit Easy Print (MREP) (Part B Only)
 Other: Vendor/Product Name _____

I **AGREEMENT TERMS**
Please read and understand the following agreement terms before signing this form to enroll for ERA.

- All the terms and conditions that apply to Electronic Data Interchange (EDI), as described in the EDI Agreement Form (8275) and the EDI Setup Requirements Form (8276), also apply to ERA enrollment.
- ERA is available on a daily basis, based on claim finalization, and is only available for retrieval for five business days. After five business days from the ERA creation date, the ERA is no longer available and duplicate copies cannot be created.
- If you enroll for ERA and maintain multiple Submitter ID's, you may encounter posting problems with the ERA.
- For Part A customers, the paper remittance will continue for thirty (30) days after the effective date of ERA.
- For Part B customers, effective June 1, 2006, the SPR will continue to be sent for forty-five (45) days after the effective date of ERA. Following the initial 45 days, you will only receive the ERA.

J I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

_____ SIGNATURE (Must be the provider's signature)	_____ DATE
_____ NAME (Type or Print)	_____ TITLE

FOR INTERNAL USE ONLY:
EDI Tracking Number: _____