SecurityHealth Plan℠

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000

1.800.472.2363 | 715.221.9555
TTY 711 | 715.221.9898

Electronic Remittance Advice (ERA)

Enrollment Request

Only a provider may submit an ERA enrollment request. Security Health Plan will not accept an ERA enrollment request from a billing service or clearinghouse.

This ERA Enrollment Request will be used to activate ERA delivery related to all claims submitted by/on behalf of the enrolling provider, once claims are finalized.

If you have any questions regarding the ERA enrollment process, contact Provider Relations at 715-221-9640. Return your completed, signed form via fax to 715-221-9699, or email to shpprd@securityhealth.org.

All fields are required. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to the instructions beginning on page 2 before completing this form.

Provider information

Provider name			
Street	City	State/Province	ZIP code/Postal code

Provider identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) _____ _____ _____ _____ _____ _____ _____ _____ _____

National Provider Identifier (NPI): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Provider contact Information

Provider contact name	Title
Telephone number	Email address
Fax number	

Electronic remittance advice information

Preference for aggregation of remittance data (e.g. Account number linkage to provider identifier; please see instructions):

☐ Provider Tax Identification Number (TIN) _____ _____ _____ _____ _____ _____ _____ _____ _____

☐ National Provider Identifier (NPI) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Electronic remittance advice clearinghouse information

Clearinghouse name

Submission information

Reason for Submission (select one):

☐ New enrollment ☐ Change enrollment ☒ Cancel enrollment

 © 2005 – 2023 Security Health Plan of Wisconsin, Inc. All rights reserved. Written permission to reproduce or transmit this document in any form or by any means must be obtained from Security Health Plan of Wisconsin, Inc.

Authorization agreement

Electronic remittance advice (ERA)

An ERA is an electronic version of a payment explanation of benefits (EOB) explaining claims payment or denial. This authorization is to remain in effect until Security Health Plan has received an ERA cancellation notification from me that affords Security Health Plan a reasonable opportunity to act on it. Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.

Authorized signature

By signing below, I hereby attest that I have read and agree to the terms and conditions stated above. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate means.

Electronic signature of person submitting enrollment	Printed name of person submitting enrollment

Printed title of person submitting enrollment	Submission date

ERA enrollment instructions

The ERA service enables Security Health Plan to provide you with an electronic remittance advice, which is a statement of your claims payment in an electronic format.

Provider information

Provider name – Complete legal name of institution, corporate entity or practice. For sole proprietors, the individual provider name.

Street – The number and street name where a person or organization can be found.

City – City associated with provider address field.

State/Province – ISO 3199-2 Two Character Code associated with the State/Province/Region of the applicable Country.

ZIP code/postal code – System of postal-zone codes (ZIP stands for "Zone Improvement Plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

Provider identifiers

Provider Federal Tax Identification Number (TIN)/ Employer Identification Number (EIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

National Provider Identifier (NPI) – Payee NPI for named provider/entity of practice.

Provider contact information

Contact name, title, telephone number, fax number and email address – Provide the contact information for the person handling ERA issues for the provider.

Electronic remittance advice information

Provider preference for grouping claim payment remittance advice – Must match preference for electronic funds transfer (EFT) payment. See Provider identifiers. **Note that based on Security Health Plan's business processes our remittance advices are generated by Tax Identification Number (TIN).**

Electronic remittance advice clearinghouse information

Clearinghouse name – Official name of the provider's clearinghouse.

 © 2005 – 2023 Security Health Plan of Wisconsin, Inc. All rights reserved. Written permission to reproduce or transmit this document in any form or by any means must be obtained from Security Health Plan of Wisconsin, Inc.

ERA enrollment instructions (continued)

Submission information

Reason for submission

- **New enrollment** – Select this option when not already enrolled for ERA (835).
- **Change enrollment** – Select this option when changing from an existing Trading Partner to a new Trading Partner. Security Health Plan allows set-up of ERA (835) for only one Trading Partner ID at a time.
- **Cancel enrollment** – Select this option when terminating enrollment from the ERA (835) process.

Authorized signature – The written signature and printed name of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.

Submission date – The date on which the enrollment is submitted.

Fax: 715-221-9699

Email: shpprd@securityhealth.org

Submit

Contact Security Health Plan Provider Relations at 715-221-9640 or 1-800-548-1224, ext. 1-9640 to inquire about ERA enrollment status.

© 2005 – 2023 Security Health Plan of Wisconsin, Inc. All rights reserved. Written permission to reproduce or transmit this document in any form or by any means must be obtained from Security Health Plan of Wisconsin, Inc.