

## Electronic Remittance Advice (ERA)

## Enrollment Request

If you are a billing service or clearinghouse requesting to receive the ERA on behalf of a provider, the provider must complete the enrollment documents authorizing you to retrieve their remittance files, or a copy of the Power of Attorney must be submitted with the enrollment form.

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](mailto: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):			
<input type="checkbox"/> Provider Tax Identification Number (TIN) _____			
<input type="checkbox"/> National Provider Identifier (NPI) _____			
Electronic remittance advice clearinghouse information			
Clearinghouse name			
Submission information			
Reason for Submission (select one):			
<input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment			

## 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.

## 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](mailto:shpprd@securityhealth.org)

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