



## ELECTRONIC REMITTANCE ADVICE REGISTRATION OR TERMINATION FORM (ERA)

(Electronic Remittance Advice means receiving remittance data in an electronic form, such as the HIPAA X12.835.)

This form must be completed by individual provider applicants, provider groups, or organizations that are requesting that claims remittance (Explanation of Benefits and Explanation of Payments) be sent electronically, in lieu of printed documentation. In order to receive electronic claims remittance, you must have a W-9 and a National Provider Identifier on file with National Imaging Associates (NIA)\*, and be the owner of the Taxpayer Identification Number (TIN) under which claims are paid. This form is also used by providers to terminate electronic claims remittance.

Please fax the completed form to one of the clearinghouses listed below. (Note, for Availity, you must register *online* at [www.availity.com](http://www.availity.com).) The clearinghouse will contact NIA when they have finished processing your request.

### PROVIDER INFORMATION

**PROVIDER NAME:** \_\_\_\_\_

**ADDRESS LINE 1:** \_\_\_\_\_

**ADDRESS LINE 2:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**BILLING CONTACT NAME:** \_\_\_\_\_

**TIN:** \_\_\_\_\_ **MIS #:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Check Type:** \_\_\_ Employer Identification Number (EIN) \_\_\_ Social Security Number (SSN) \_\_\_ I Tax Identification Number (ITIN)

**NOTE:** Groups must enroll their group number only

### ERA ELECTION INFORMATION

**PLEASE FAX TO THE CLEARINGHOUSE WITH WHICH YOU ARE (OR WILL BE) ENROLLED:**

NaviNet Claims	PayerPath	Capario	Emdeon	RelayHealth	Availity	Gateway EDI, Inc.	Office Ally
505-471-4180 (fax) Attn: Gina Romero	919-457-4128 (Fax)	949-852-3122 (Fax)	615-231-4843 (Fax)	563-557-3367 (Fax)	Register at <a href="http://availity.com">availity.com</a>	314-898-1890 (Fax) Attn: Remit Group	360-896-2151 (Fax)

**Providers must register with one of the NIA-preferred clearinghouses above to guarantee delivery of files. Providers registering with another clearinghouse will be responsible for ensuring delivery of their files.**

I request that claims remittance be sent electronically through the clearinghouse identified above. I understand that I will no longer receive paper remittance advice for claims I submit electronically.

**ERA EFFECTIVE DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Cannot be earlier or more than 180 days from the date you sign this form.*

This authority shall remain in effect unless you submit a written cancellation notice to NIA. Electronic transmissions of remittance advice will not occur until Magellan initiates a claim payment to you and a successful test is conducted between NIA and your clearinghouse. The actual Effective Date (or Termination Date) will be assigned after this process occurs. Meanwhile, remittance advice will continue to be mailed to you.

**STOP** Electronic Remittance Advice. I understand I will receive paper remittance advice when this request is processed.

**ERA TERMINATION DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Cannot be earlier than the date you sign this form.*

**AUTHORIZED SIGNATURE:** \_\_\_\_\_  
The person(s) signing this form must be authorized to sign on behalf of the provider receiving claims remittances.

**DATE:** \_\_\_\_\_