



**INSTRUCTIONS: ELECTRONIC REMITTANCE (ERA) SETUP FORM**

**NOTE:** Fields indicated with an asterisk (\*) are **required**.

**Section 1: Account Information**

<b>* Practice/Facility Pay To Name (Box 33)</b>	Indicate the name of the facility that is linked to your billing NPI and for which your claims are payable under.
<b>* Address</b>	Indicate the address for the practice where you wish your payments to be sent by the various insurance carriers
<b>* Tax ID</b>	Enter the identification number you are credentialed under for tax purposes.
<b>* Billing NPI</b>	Enter the NPI (National Provider ID) that your facility is paid under by the insurance companies

**Section 2: Requested Payers (subject to availability – see claims payer list)**

**Please only select payers below that you are already sending electronic claims for through i-Plexus. Practice must be approved for electronic claims before applying for ERA.**

<b>* Payer Type</b>	Select the payer type name. If the payer type you wish to send is a commercial carrier and/or is not on the drop down list, please select 'Other'.
<b>Payer Name (if Other)</b>	This field should be used only if the payer type has been indicated as 'other'. For example, if there is a commercial carrier that requires enrollment or setup, you will indicate 'other' in the payer type field and the name of that carrier in this field.
<b>State</b>	Enter the state code for each payer entry that is state specific (e.g, Medicare, Medicaid, BCBS)
<b>* LOB</b>	Line of Business. Enter whether the payer entry is being requested for professional or institutional remittance advice.
<b>* Curr Enrl</b>	Indicate whether the facility is currently enrolled with the payer for ERA.

**Section 3: Completed Forms**

This section provides you with the contact information to send your completed form so that the setup process may begin.

**Section 4: Comments**

You may use this field to input any special information you feel is necessary to complete your setup request that may not already have been indicated on the setup form in other fields.

**\* Section 5: Signature**

This section is required. A signature (either electronic or hand written) must be received on the setup reflecting that you agree to the terms of the setup form. We cannot process your setup if this section is incomplete.

#### Additional Information

1. Within **4 business hours** of receiving the setup form, an Implementations Representative will contact you to **confirm receipt**, provide you with important information regarding your setup process, and to provide you with their direct contact information.
2. Setup **turnaround time** is dependant upon the complexity of the setup requested, the number of setups in the current queue ahead of yours, and most importantly on the accuracy of the data provided on your setup form. However, standard turnaround time for any given setup is between **3-5 business days**. Should this time frame be delayed, the reason for delay will be communicated to you through you assigned Implementations Representative.
3. Any necessary payer required **enrollment forms** will be supplied to clients on an as needed basis and will be accompanied by the necessary instructions to complete and forward these documents as required.