

PAYER ID:

SUBMITTER ID:



## Emdeon ERA Provider Information Form

\*This form is to ensure accuracy in updating the appropriate account

<b>1 Provider Organization</b>					
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	
<b>2 Vendor</b> <i>(Emdeon certified vendor used to submit files to Emdeon)</i>					
Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					
<b>3 Payer</b>					
Payer ID					
Group ID	Individual Provider ID		NPI ID		
<b>4 Confirmations</b>					
Send Emdeon Claim Confirmations To:					
Special Instructions:					
<ul style="list-style-type: none"> <li>All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted.</li> <li>SUBMIT COMPLETED FORM TO:            Fax: (615) 231-4843            Email: <a href="mailto:batchenrollment@Emdeon.com">batchenrollment@Emdeon.com</a></li> </ul>					
<p>THE FOLLOWING FORM MUST BE PROCESSED BY EMDEON DO NOT SEND TO THE PAYER.</p>					
EMDEON REVISION FORM DATE:					



AETNA ERA

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\*\*\*\*\* **ATTENTION** \*\*\*\*\*

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**YOU MUST BE ENROLLED TO RECEIVE AETNA ERA FROM EMDEON PRIOR TO SUBMITTING THIS FORM**

**ERA PROVIDER SETUP FORMS ARE AVAILABLE AT [http://www.emdeon.com/PayerLists/payer\\_enrollment\\_forms.php](http://www.emdeon.com/PayerLists/payer_enrollment_forms.php)**

**DO NOT SUBMIT DUPLICATE ENROLLMENTS**

**IF YOU HAVE RECEIVED CONFIRMATION OF SETUP FOR AETNA ERA, THEN YOU MAY PROCEED WITH THIS PAYER REGISTRATION**

**PAYER REQUIRES AN EMAIL ADDRESS. PROVIDER AND/OR VENDOR EMAIL ADDRESS IS REQUIRED. ENROLLMENT WILL BE REJECTED IF MISSING FROM AGREEMENT.**

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# Electronic Remittance Advice and Electronic Funds Transfer Enrollment

Please use this guide to prepare and complete your ERA/EFT enrollment request. Missing or incomplete information within the enrolment form will delay the benefits of participating in ERA and EFT. The following is a reference guide only, do not fax with the completed enrollment form.

- Ready to get started?**
  - Click on the following link to access the most current version of the ERA/EFT enrollment form.  
[http://www.aetna.com/provider/medical/resource\\_med/forms\\_med/forms.html](http://www.aetna.com/provider/medical/resource_med/forms_med/forms.html)
  
- Are you using one enrollment form per tax id?**
  - Enrollment forms containing more than one tax id will be returned.
  
- Did you remember to put the NPI # on the enrollment form?**
  - Having a valid NPI on file aids in the processing of your claims.
  
- If enrolling for EFT, have you attached a voided check or bank letter?**
  - Enrollment requests cannot be processed without this information.
  - A voided check must accompany the form; a copy of the Deposit Slip will not be accepted.
  - The banking information on the voided check/bank letter must match what is listed on the enrollment form.
  
- Has the form been signed by the appropriate individuals?**
  - The form **MUST** be signed by two people: an *authorized healthcare professional* – MD, CFO, CEO, etc. **AND** a *supervisor-level authorized personnel* – office manager, billing manager, etc.
  - Your enrollment form will be returned if there is only one signature.
  
- Have you filled out all of the sections marked with asterisks?**
  - Incomplete and/or illegible fields will cause the form to be returned.
  - To ensure form is legible, please type or print all requested information clearly.
  
- Have a completed form to submit?**
  - Submit only one form per fax. Multiple enrollment requests must be faxed separately. Faxes containing multiple forms will be returned.
  - Completed forms should be faxed to 860-754-9122.
  - Please allow 10-15 business days for processing once an enrollment is received before requesting status. Backlog may occur which could result in a longer processing time.
  - An email confirmation will be sent once setup is complete.



# Electronic Remittance Advice and Electronic Funds Transfer Enrollment

**Please fax only one TIN per form. A separate form for each TIN must be used.**

<i>Check all that apply:</i>	Sections required to be completed	Enroll	Change	Terminate
ERA for Medical Claims	A, B, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Medical Claims	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Med Claims & Capitation	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERA and EFT for Medical Claims	A, B, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\* Indicates required fields within each section. Incomplete and/or illegible fields and signatures may cause your enrollment to be delayed.**

**A. Practice Information – Please note: Illegible or incomplete fields may cause your enrollment to be delayed.**

* Name	* Tax ID Number (TIN)	* Pay to/Billing National Provider Identifier (NPI)
* Contact Name	* Email Address	
* Telephone Number (     )	Fax Number (     )	
Primary Service Address	Primary Billing Address	

Check Only One

TIN level set up (Do you bill for all claims paid to this tax ID?)

Do you require set up to be split by billing location?

Split by NPI? (Provide 2 or more NPI's). Note: Only to be used if excluding an NPI.

**B. Check only one. Please note: ERA replaces your paper EOBs 15-45 days after enrollment.**

Yes    No   Please turn off paper explanation of benefits immediately following ERA set up.

**Option 1 – Vendor/Clearinghouse Information - You may only receive Aetna ERAs from one of the vendors listed within the attached link.**

See list of vendors at:  
[http://www.aetna.com/provider/medical/service\\_med/electronic\\_med/clearinghouse.html](http://www.aetna.com/provider/medical/service_med/electronic_med/clearinghouse.html)

* Vendor/Clearinghouse Name EMDEON	Contact Name ENROLLMENT HELP DESK
Email Address PAYERREGISTRATION@EMDEON.COM	Contact Phone Number ( 866 ) 924.4634
User Name/App ID/Entity Gen Key/Acct Number (if applicable)	

**Option 2 – Aetna Secure Provider Website via NaviNet®**

\* Registration complete?    Yes    No    \* User ID(s) \_\_\_\_\_

Yes    No   I utilize the Claim EOB Tool on NaviNet to access my EOB's and no longer need paper EOB's mailed

**Option 3 – For Aetna EDI ConnectSM ERA Users**

Aetna EDI Connect (secure FTP in the X12 format only)

\* Registration complete?    Yes    No

\* User ID(s) \_\_\_\_\_

Do you use a billing service for Aetna EDI Connect?    Yes    No

**C. EFT- Direct Deposit/Banking Information**

**When enrolling a *new* or *changed* account for EFT, a voided check or letter from your bank is required.**

To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). Please note if you require payments to be deposited into multiple bank accounts, you must complete bank account information for each account. Capitation payments made under a single TIN can only be deposited into one bank account. New EFT enrollment or changes to existing EFT banking information will trigger a new EFT pre-note period. The EFT pre-note period will run for 10 days from the effective date. Production will start on day 11. You are responsible for notifying Aetna if your banking information changes.

\* **Bank Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\* **Bank routing number** (9 digits found on check, NOT deposit slip) 

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\* **Account Number** \_\_\_\_\_ **(voided check or bank letter required)**

\* **Account type**  Savings  Checking  Deposit Only

\* **TIN number of provider associated with above account** \_\_\_\_\_

**If information supplied above is a change request, please provide the following information:**

\* **Previous Bank Name** \_\_\_\_\_ **Previous Address** \_\_\_\_\_

\* **Previous Bank Routing Number** (9 digits found on check, NOT deposit slip) 

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\* **Previous Account Number** \_\_\_\_\_

\* **Account type**  Savings  Checking

\* **TIN number of provider associated with above account** \_\_\_\_\_

**When enrolling a *new* or *changed* account for EFT, a voided check or letter from your bank is required.**

**Please be aware, follow-up by an Aetna representative to a supervisor-level authorized health care professional may occur to ensure accuracy of banking information.**

**D. Authorization Agreement – Please read and sign your name below.**

**Electronic Funds Transfers (EFT)**

I hereby authorize Aetna, on behalf of itself and its affiliates, including Aetna Life Insurance Company and Aetna Health Inc. (hereinafter “Company”), to initiate credit entries to the account(s) at the bank(s) listed above for all benefits payments. This agreement will remain in effect until I notify Company of the desire to cancel or change this service or until Company notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank(s) listed above to accept any credit entries by Aetna to such account(s) and to credit the same to such account(s).

If Company credits more money than the correct benefits amount to the account, due to duplicate electronic funds transfers (where “duplicate” is defined as multiple electronic funds transfers received for the same services rendered, the same membership and the same dates of service) or erroneous electronic funds transfers (where “erroneous” is defined as complete electronic funds transfers received in error), company will attempt to recover the duplicate or erroneous payment via a debit to your account. If an electronic debit is unsuccessful, or for deposit only accounts, company will pursue settlement via alternate measures.\*

\* Company strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.

**Electronic Remittance Advice (ERA) – Legislative Updates**

Certain claims payment/remittance information required by various state requirements cannot be transmitted using the HIPAA-compliant ERA transaction. When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, we will post details of our state requirements compliance plan on our ERA Inquiry website. You may access these details by clicking “Legislative Updates” on the Welcome page of the ERA Inquiry site. You will be granted access to this site as part of the ERA enrollment process. Thank you for your cooperation in this effort.

**Electronic Remittance Advice (ERA) – Pended Claims**

When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, such as information regarding pended claims, health care professionals can obtain this information in other ways:

For pended claims received **electronically**, the request for information is returned in a Claim Status Response (277). However, Aetna is aware that some providers have agreements with their vendor/clearinghouse to receive some, all or none of their unsolicited claims status responses. Therefore, please work with your vendor/clearinghouse to ensure you receive all level 2 claims status responses in order to receive this information. If you prefer, or are unable to receive these responses, you may use the real-time claims status inquiry transaction to obtain this information as well.

For pended claims received on **paper**, a request for more information may be sent by letter or phone call. However, if you have not received any such request within 30 days of a claims submission on paper, please use the claims status inquiry transaction to view this information.

Please work with your Aetna representative if you need assistance using the claims status inquiry transaction. Thank you for your cooperation in this effort.

**By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Authorization for Direct Deposit of Benefits Payments, Legislative Updates and Pended Claims.**

\* Authorized health care professional name: \_\_\_\_\_ \* Title \_\_\_\_\_  
Signature \_\_\_\_\_ \* Date \_\_\_\_\_

**Authorized health care professional may be MD, CFO, CEO, etc.**

\* Supervisor - level authorized personnel:  
\_\_\_\_\_  
Signature \_\_\_\_\_ \* Title \_\_\_\_\_  
\* Date \_\_\_\_\_

**Supervisor-level authorized personnel may be Office Manager, Billing Manager, etc**

\* Form completed by \_\_\_\_\_  
\* Telephone number ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_  
\* Email address: \_\_\_\_\_

**\* One authorized health care professional AND one supervisor-level authorized personnel signature is required.**

**\* Incomplete and/or illegible signatures will cause your enrollment to be delayed**

**Please submit only one form per FAX. Faxes containing multiple forms will be returned.**

**Fax the completed form, voided check and/or bank letter to Aetna ERA Enrollment at 860-754-9122.**