



## ERA 835 Enrollment Form V2

Please email, fax, or mail the completed form to any one of the following:  
**Fax:** 860-975-3201  
**Email:** [MercyCareProviderRelations@AETNA.com](mailto:MercyCareProviderRelations@AETNA.com)  
**Address:** Mercy Care Plan, Attention: Provider Relations, 4350 E. Cotton Center Boulevard, Bldg D, Phoenix, AZ 85040

<b>Mercy Care Payer ID: 86052</b>	<b>Mercy Care Tax ID: 860527381</b>
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### Provider Information

<b>Practice/Facility Name</b>					
<b>Tax ID</b>			<b>Billing NPI</b>		
<b>Practice/Facility Address</b>	<b>Street</b>				
	<b>City</b>		<b>State</b>		<b>Zip Code</b>
<b>Contact Name</b>					
<b>Phone Number</b>			<b>Contact Email</b>		

### Vendor Information

<b>Vendor Name</b>			<b>Submitter ID</b>			
<b>Contact Name</b>						
<b>Contact Phone #</b>			<b>Contact EMail</b>			
<b>Check the correct box indicate a Payment Manager Request</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Both ERA and Payment Manager</b>	<input type="checkbox"/>
	<b>If Payment Manager, User ID already exist?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Payment Manager User ID</b>

### ERA Receiver Information

<b>Receiver ID</b>			
<b>Distribution Method (must list one method)</b>			<b>Distribution</b>

ERA Receiver Information and Distribution Method Choices:

1. Emdeon Office is a suite of Emdeon practice management products, which includes a multitude of provider products. Emdeon Office should only be selected if you use the suite of Emdeon Office practice management products.
2. FTP Internet – FTP log or used to list the payment manager connection. MEDICOM is the distribution method when using payment manager.
3. TSO Mailbox – Dial up connection.
4. NDM S Node – Typically used for 837 claim submissions.

<b>Authorized Signature One</b>	<b>Date</b>	<b>Authorized Signature Two</b>	<b>Date</b>
<b>Print Name:</b>		<b>Print Name:</b>	
<b>Title:</b>		<b>Title:</b>	

**Please note the following:**

- \* Enrollment forms containing more than one Tax ID will be returned.
- \* Duplicate (already enrolled). Example: If provider signs a contract with a new vendor and was previously enrolled for ERA with Mercy Care, a new enrollment form is not needed. The form will be returned.
- \* Illegible forms or incomplete forms will be returned.
- \* This form **MUST** be signed by two people: an authorized healthcare professional (MD, CFO, CEO, etc.) **AND** a supervisory level authorized individual (office manager, billing manager, etc.). If you are a solo practitioner, you may have the same signature in both signature fields.
- \* Please contact your vendor for additional information on which distribution method to utilize, as each vendor/clearinghouse may have a different distribution method. If you do not use a vendor and have questions, please call Mercy Care Provider Relations at (602) 263-3000 or (800) 624-3879, Express Service Code 631.
- \* There is no charge to receive ERA with Mercy Care.
- \* If you would like to link directly with Emdeon, please contact Emdeon Sales at 1-877-363-3666. There may be an additional cost associated with linking directly with Emdeon.

**Confirmations – Internal Use Only**

<b>Send Emdeon 835 Enrollment Confirmations To:</b>	<a href="mailto:MercyCareProviderRelations@AETNA.com">MercyCareProviderRelations@AETNA.com</a>
<b>Special Instructions:</b>	
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<p><b>Enrollment form must be submitted <b>DIRECTLY</b> to Mercy Care.</b></p> <p><b>Submit Enrollment Form To:</b></p> <p>Mercy Care Plan Attention: Provider Relations 4350 E. Cotton Center Boulevard, Bldg D, Phoenix, AZ 85040 <b>Fax:</b> 860-975-3201 <b>Phone:</b> 602-263-3000 or (800) 624-3879, Express Service Code 631</p>	