



ERA Enrollment Instructions

	Medicare ERA	All Payer ERA
<p>Existing EDI Claims Customers on the Phoenix Platform.</p>	<p>Medicare ERA is included in the EDI Claims Package.</p> <ul style="list-style-type: none"> • Verify that ERA is available for the Medicare Payer you would like to use. The payer lists are available at the following locations: <ul style="list-style-type: none"> ○ Medisoft - http://www.medisoft.com/download/Phoenix_Payer_List.pdf ○ Lytec - _____ • Complete any required ERA Carrier Agreements and forward to the payers. These agreements can be found at www.ndchealthvar.com/carrierareements • Complete the ERA Enrollment Request Form attached. • Wait for approval from NDCHealth before Processing ERA Transactions. You will be notified via fax that the ERA payer has been approved. 	<p>All Payer ERA is an additional service and is not part of the EDI Claims package.</p> <ul style="list-style-type: none"> • To add this service to your EDI Customer Contract you must complete an Amendment to the EDI Customer Contract. You must request this amendment from an NDCHealth Sales Rep or from a Value Added Reseller (VAR). Please contact 1-800-333-4747 to obtain the amendment or the name of a local VAR. • Verify that ERA is available for the payers you are requesting. The payer lists are available at the following locations: <ul style="list-style-type: none"> ○ Medisoft - http://www.medisoft.com/download/Phoenix_Payer_List.pdf ○ Lytec - _____ • Complete any required ERA Carrier Agreements and forward to the payers. This information must be included on the ERA Enrollment Request Form. These agreements can be found at www.ndchealthvar.com/carrierareements • Complete the ERA Enrollment Request Form attached. • Wait for approval from NDCHealth or the clearinghouse before processing ERA Transactions. You will be notified via fax that the ERA payer has been approved.
<p>New EDI Claims Customers</p>	<p>Medicare ERA is included in the EDI Claims Package.</p> <ul style="list-style-type: none"> • Verify that ERA is available for the Medicare Payer you would like to use. The payer lists are available at the following locations: <ul style="list-style-type: none"> ○ Medisoft - http://www.medisoft.com/download/Phoenix_Payer_List.pdf ○ Lytec - _____ • Complete any required ERA Carrier Agreements and forward to the payers. These agreements can be found at www.ndchealthvar.com/carrierareements • Complete the ERA Enrollment Request Form attached. • Wait for approval from NDCHealth before Processing ERA Transactions. You will be notified via fax that the ERA payer has been approved. 	<p>All Payer ERA is an additional service and is not part of the EDI Claims package.</p> <ul style="list-style-type: none"> • Indicate on the EDI Customer Contract that you wish to be setup for the All Payer ERA. There is an additional fee for this service on top of the EDI Claims package. If you have any pricing questions please contact your NDCHealth Sales Rep or your Value Added Reseller (VAR). • Verify that ERA is available for the payers you wish to process ERA transactions with. The payer lists are available at the following locations: <ul style="list-style-type: none"> ○ Medisoft - http://www.medisoft.com/download/Phoenix_Payer_List.pdf ○ Lytec - _____ • Complete any required ERA Carrier Agreements and forward to the payers. This information must be included on the ERA Enrollment Request Form. These agreements can be found at www.ndchealthvar.com/carrierareements • Complete the ERA Enrollment Request Form attached. • Wait for approval from NDCHealth or the clearinghouse before processing ERA Transactions. You will be notified via fax that the ERA payer has been approved.



ERA Enrollment Request Form

Client Information:			
<input type="checkbox"/> Existing Phoenix Customer			
<input type="checkbox"/> New Phoenix Customer			
Client Name:			
Client ID: If new Customer leave this field blank		Date of Request:	
Phone Number:		Fax Number:	

Provider Information:			
Complete one form for each Tax ID			
Provider/Group Name:			
Address:		Tax ID:	
City:		State:	Zip:

ERA Payer Information:				
Refer to Instruction sheet attached for location of the Phoenix Payer List and Carrier Agreement Map.				
Payer ID	Payer Name	Date Sent to Payer	Service Used (i.e.: FedEx, UPS, USPS)	Tracking # (if applicable)

Return to MedicServe Fax # (631) 941 - 1013