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					Secup I offi		(010) 000					
1 Provider Organization												
Prac	Practice/Facility Name											
Tax ID				Billing NPI ID								
Practice/Facility Address			ddres									
				City			State	Zip Code				
Contact Name					Contact F	ontact Phone						
Provider Email												
2	Ve	Vendor (Change Healthcare contracted & certified customer used to retrieve ERA files)										
Ven	Vendor Name							Submitter	mitter ID			
Contact Name			Contact Phone Number									
3	ER	ERA Receiver										
Receiver ID												
Distribution Method (Must list one method)			Distr				stribution					
4 Payer (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.) Following Payers MUST have Legacy ID's listed to complete Payer Enrollment: SB580-SB690-SKAR0-SKMD0												
Pay	Payer ID Group I		D	Individual ID	NPI ID	Payer ID	Gro	oup ID	Individual ID	NPI ID		
5	5 Confirmations (Enter E-mail address)											
Confirmations (Enter E-mail address)												

Section 1 Provider Organization section must be fully completed with Facility/Provider information, failure to complete all fields may result in form rejections. Do not list Vendor or Billing Service information. ERA payer enrollment requires that this information be that of the Facility/Provider as ultiple payers will contact the Facility/Provider contact to confirm enrollment. These payers will not accept the confirmation of enrollment from Vendors or Billing Services. Billing NPI is required to complete enrollment.