



**837 DIRECT SUBMIT AND 835 REGISTRATION OR TERMINATION FORM (ERA)**

Electronic Remittance Advice (ERA) means receiving remittance data in an electronic form, such as the HIPAA X12.835.

This form must be completed by **individual provider applicants, provider groups, or organizations** that are requesting to submit an 837 file and receive an 835 remittance, in lieu of printed documentation. In order to be eligible, you must have a W-9 on file with Magellan\* and be the owner of the Taxpayer Identification Number (TIN) under which claims are paid. This form is also used by providers to terminate the 837 and 835.

Fax the completed form to Attention: Network Data Management ERA Coordinator at 888-656-3259, or mail the completed form to:  
Magellan Healthcare  
14100 Magellan Plaza – MO14  
Maryland Heights, MO 63043  
Attn: Network Data Management ERA Coordinator

**PROVIDER INFORMATION**

**PROVIDER NAME:** \_\_\_\_\_

**ADDRESS LINE1:** \_\_\_\_\_

**ADDRESS LINE2:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TIN:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_ **MIS #:** \_\_\_\_\_

**Check Type:** \_\_\_ Employer Identification Number (EIN) \_\_\_ Social Security Number (SSN) \_\_\_ Tax Identification Number (ITIN)

**NOTE:** Groups must enroll their group number only

**PROVIDER AGENT CONTACT NAME:** \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**SET-UP OPTIONS**

**TIN level set up** – Enroll the entire Tax ID. All providers who bill under the TIN enrolled will receive ERA.  
OR

**Split by Billing NPI** – Enroll only certain **Billing NPIs** under the Tax ID. ERA will be generated for two or more NPIs. Check this box only when **excluding** other providers under this TIN.

List the applicable NPIs you would like to enroll for ERA files:

\_\_\_\_\_  
\_\_\_\_\_

**ERA EFFECTIVE DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ *Cannot be earlier or more than 180 days from the date you sign this form.*

This authority shall remain in effect unless you submit a written cancellation notice to Magellan. Electronic transmissions of remittance advice will not occur until Magellan initiates a claim payment to you and a successful test is conducted between Magellan and your clearinghouse. The actual Effective Date (or Termination Date) will be assigned after this process occurs. Meanwhile, remittance advice will continue to be mailed to you.

**STOP** Electronic Remittance Advice. I understand I will receive paper remittance advice when this request is processed.

**ERA TERMINATION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ *Cannot be earlier than the date you sign this form.*

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

The person(s) signing this form must be authorized to sign on behalf of the provider receiving claims remittances.

**DATE:** \_\_\_\_\_

\*In California, Magellan does business as Human Affairs International of California, Inc. and/or Magellan Health Services of California, Inc. – Employer Services. Other Magellan entities include Magellan Healthcare, Inc. f/k/a Magellan Behavioral Health, Inc.; Merit Behavioral Care; Magellan Health Services of Arizona, Inc.; Magellan Behavioral Health of Florida, Inc.; Magellan Behavioral of Michigan, Inc.; Magellan Behavioral Health of Nebraska, Inc.; Magellan Behavioral Health of New Jersey, LLC; Magellan Behavioral Health of Pennsylvania, Inc.; Magellan Providers of Texas, Inc.; and their respective affiliates and subsidiaries; all of which are affiliates of Magellan Health, Inc. (collectively "Magellan"). National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.