



ELECTRONIC REMITTANCE ADVICE REGISTRATION OR TERMINATION FORM (ERA)

(Electronic Remittance Advice 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 that claims remittance (Explanation of Benefits and Explanation of Payments) be sent electronically, in lieu of printed documentation. In order to receive electronic claims remittance, you must have a W-9 and a National Provider Identifier 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 electronic claims remittance.

Please fax the completed form to one of the clearinghouses listed below. (Note, for Availity, you must register *online* at www.availity.com.) The clearinghouse will contact Magellan when they have finished processing your request.

PROVIDER INFORMATION

PROVIDER NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

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: _____

ERA ELECTION INFORMATION

PLEASE FAX TO THE CLEARINGHOUSE WITH WHICH YOU ARE (OR WILL BE) ENROLLED:

HealthEC (G2)	PayerPath (PP)	Capario (PM)	Change Healthcare/ Formerly Emdeon (WM)	Change Healthcare/ Formerly Relay Health (RY)	Availity (AV)	Trizetto Provider Solutions (GY)	Office Ally (OA)
732-909-2445 (Fax) orbiteconnect.support@iqiusa.com	919-457-4128 (Fax)	404-877-3324 (Fax)	615-231-4843 (Fax)	916-267-2963 (Fax)	Register at availity.com	314-898-1890 (Fax) Attn: Remit Group	360-896-2151 (Fax)

Providers must register with one of the Magellan-preferred clearinghouses above to guarantee delivery of files. Providers registering with another clearinghouse will be responsible for ensuring delivery of their files.

I request that claims remittance be sent electronically through the clearinghouse identified above. I understand that I will no longer receive paper remittance advice for claims I submit electronically.

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 New Jersey, LLC; Magellan Behavioral Health of Pennsylvania, Inc.; Magellan Providers of Texas, Inc.; Florida MHS, Inc. d/b/a Magellan Complete Care; National Imaging Associates, Inc.; and their respective affiliates and subsidiaries; all of which are affiliates of Magellan Health, Inc. (collectively "Magellan").