



ERA (835) Enrollment Form

Complete the form and email it to: EDI835@iehp.org

[*For additional instruction on how to fill out this form, please review the last two pages.](#)

Provider Information

_____		_____	
Entity Name (if applicable)		Doing Business As (DBA, if applicable)	
_____		_____	
Provider Physical Address		Provider Billing Address	
_____		_____	
City		City	
_____		_____	
State	Zip code	State	Zip code

Provider Identifiers Information

_____	or	_____
Provider Federal Tax Identification Number (TIN)		Employer Identification Number (EIN)

National Provider Identifier (NPI)		
(Group NPI, if applicable)		

Other Identifiers

Trading Partner Identifier (ID)

Provider Contact Information

_____		_____	
Provider Contact Name		Title	
_____		_____	
Telephone Number with Extension	Email Address	Fax Number	

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)
(Must match EFT Preference)

Provider Tax Identification Number _____

National Provider Identifier _____

Method of 835 Retrieval: From health plan Download from health plan website From clearinghouse

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name _____

Telephone Number _____

Email Address _____

Reason for Submission

New Enrollment Change Enrollment Cancel Enrollment

Authorized Signatures

Electronic/Written Signature of Person Submitting Enrollment Printed Title of Person Submitting Enrollment

Submission Date Requested ERA Effective Date

Consent to Discontinue Paper Remittance Advice (RA) and Access it via IEHP Provider Website and/ or Clearinghouse Trading Partner

IEHP’s goal is to provide our Trading Partners with a convenient method of receiving remittance advice (RA). We are requesting your consent to discontinue mailing paper RAs. After your authorization is received, you will obtain access to your RA through the IEHP secure website, www.iehp.org ,and or Clearinghouse. Our trading partner’s security is important; please ensure you have upgraded your web security.

Contracted Providers- To view your RA on the secure provider website, you must have access to the current version of Adobe Acrobat Reader. If you have any questions or encounter issues accessing the secure website portal, please contact the IEHP Provider Relations Team at (909) 890-2054.

Non-Contracted Providers- To initiate website portal access, you must contact the IEHP Provider Relations Team at (909) 890-2054 or email a request to ProviderServices@iehp.org (*Please see “Instructions For Completing the ERA Enrollment form” below)

Provider Name Tax Identification Number (TIN)

I _____ (print name and title) authorize IEHP to discontinue mailing the paper Remittance Advice (RA) and agree to access IEHP Claims RAs online only.

Signature Date

Instructions for completing the ERA Enrollment form

Please type or print legibly.

Use only black ink or blue ink to complete the paper form.

An online form can be accessed at www.iehp.org

Please allow 4 weeks for the enrollment process, which includes pre-note verification. If, after 4 weeks, you do not start receiving ERA files, you may contact the EDI Team at EDI835@IEHP.org

For questions about the paper or electronic enrollment process, contact the EDI Specialist Team EDI Team at EDI835@IEHP.org

Provider Information- Please fill out completely

Provider Name – Complete legal name of institution, corporate entity, practice, individual name, or DBA, if applicable

Provider Physical Address – The number and street where a person or organization can be found

City – City associated with the provider address field

State – ISO 3166-2 two-character code associated with the state

Zip Code/Postal Code – System of postal-zone codes

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) – A TIN or EIN is used to identify a business entity.

National Provider Identifier (NPI) - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers, health plans, and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in place of legacy provider identifiers in the HIPAA standards transactions.

Other Identifiers

Trading Partner ID – The provider's submitter ID assigned by the health plan, or the provider's clearinghouse or vendor

Provider Contact Information

Provider Contact Name – Name of contact in provider's office for handling ERA issues

Provider Contact Title – Title of the contact for handling ERA issues

Provider Contact Telephone Number – Telephone number of provider contact with extension, if applicable

Provider Email Address – An electronic mail address at which the health plan might contact the provider

Provider Fax Number – A number at which the provider can receive facsimiles

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier): Provider preference for grouping (bulking) claim payments – must match preference for EFT payment.

Must fill out one of the two options below

Provider's Tax Identification Number (TIN)

National Provider Identifier (NPI)

Method of Retrieval – The method by which the provider will receive the ERA from the health plan

Clearinghouse Information

Clearinghouse Name – Official Name of the provider's clearinghouse

Telephone Number – Telephone Number of contacts

Email Address – An electronic mail address at which the health plan might contact the provider's clearinghouse

Reason for Submission – Must select from below

New Enrollment

Change Enrollment

Cancel Enrollment

Multiple individuals for the same entity

Please note that you do not need to submit additional enrollment forms for each individual if the entity has already been enrolled.

Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment. May be used with electronic and paper-based manual enrollment

Electronic/Written Signature of Person Submitting Enrollment – A (electronic or cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity

Printed Title of Person Submitting Enrollment – The printed title of the person signing the form may be used with electronic or paper-based manual enrollment.

Submission Date – The date on which the enrollment form is submitted

Requested ERA Effective Date – Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.

Out-of-network provider

*For an **out-of-network provider** to obtain full access to our provider portal, we need the following information. Please take some time to review the request below and submit this information back to us by contacting the IEHP Provider Relations Team at (909) 890-2054 or emailing your request to ProviderServices@iehp.org

Name of Provider:
Tax ID:
NPI:
Provider License:
Provider Type:
Provider Specialty:
Owner/Admin

Email the completed form to: EDI835@IEHP.org

For questions about this form, please send an email to the EDI Unit at: EDI835@IEHP.org

For questions about the website portal, please send an email to the IEHP Provider Relations Team at: ProviderServices@iehp.org

Researching Missing/Late Files

ERA files that have not been received after 4 business days of the corresponding EFT file can be researched by sending an email to the EDI Specialist Team at EDI835@IEHP.org