


ERA 835 Enrollment form

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|---|---|------------------------------|----------------------------|
|  <p>MARYLAND physicians care MANAGED CARE ORGANIZATION</p> | Please email, fax, or mail the completed form to any one of the following: Fax: 866.333.8024 Email: providers@marylandphysicianscare.com 509 Progress Drive Suite 117, Linthicum, MD 21090 | | |
| MCO Information | MCO HealthChoice ID: 223476999 | MCO PAC ID: 409636359 | MCO Payer ID: 22348 |

Provider Information

| | | | |
|----------------------------------|--------------------|---------------------------|------------|
| Practice/Facility Name | | Solo Practitioner: | |
| Tax ID | Billing NPI | | |
| Practice/Facility Address | Street | | |
| | City | State | Zip |
| First Name | | Last Name | |
| Contact Phone Number | | Contact Email | |

Vendor Information

| | |
|---------------------|-----------------------------|
| Vendor Name | Submitter ID |
| Contact Name | Contact Phone Number |

ERA Receiver Information

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|----------------------------|---------------------|--|--|
| Receiver ID | | | |
| Distribution Method | Distribution | | |

ERA Receiver Information and Distribution Method Choices:

1. Emdeon Office is a suite of Emdeon practice management products, which includes a multitude of provider products. Emdeon Office should only be selected if you use the suite of Emdeon Office practice management products.
2. FTP Internet- FTP log on or used to list the payment manager connection. MEDICOM is the distribution method when using payment manager.
3. TSO Mailbox- Dial up connection.
4. NDM S Node- Typically used for 837 claim submissions.

| | |
|---------------------------------|-------------|
| Authorized Signature One | Date |
| Name/Title: | |

| | |
|---------------------------------|-------------|
| Authorized Signature Two | Date |
| Name/Title: | |

*Enrollment forms containing more than one Tax ID will be returned

*Duplicate (already enrolled). Example: If provider signs a contract with a new vendor and was previously enrolled for ERA with MPC, a new enrollment form is not needed. The form will be returned

*This form **MUST** be signed by **two people**: an authorized healthcare professional (MD, CFO, CEO, etc.) **AND** a supervisory level authorized individual (office manager, billing manager, etc.). **If you are a solo practitioner, you may have the same signature in both signature fields.**

*Please contact your vendor for additional information on which distribution method to utilize as each vendor/clearinghouse may have a different distribution method. If you do not use a vendor and have questions, please call MPC Provider Relations at (800)953-8854