

ERA 835 Enrollment Form V2

		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							
Tax ID				Billing NPI			
Practice/Facility Address	Street						
	City		State		Zip		
Contact Name							
Phone Number					Contact Email		

Vendor Information

Vendor Name				Submitter ID			
Contact Name							
Contact Phone #					Contact Email		
Check the correct box to indicate a Payment Manager request	YES	NO	Both ERA and Payment Manager				
If Payment Manager, does a User ID already exist?	YES	NO	Payment Manager User ID:				

ERA Receiver Information

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

Confirmations

Send Emdeon 835 Enrollment Confirmations To:

providers@marylandphysicianscare.com

Special Instructions:

Enrollment form must be submitted **DIRECTLY** to the payer.

Submit Enrollment Form to:

Mailing Address: 509 Progress Drive Suite 117, Linthicum, MD 21090

Fax: 866.333.8024

Email: providers@marylandandphysicianscare.com