

## Electronic Remittance Advice (ERA) Authorization Agreement

- THIS ERA AUTHORIZATION AGREEMENT FORM MUST BE FULLY COMPLETED, SIGNED AND RETURNED VIA FAX (516.723.7397) OR EMAIL ([EDIENROLLMENT@MAGNACARE.COM](mailto:EDIENROLLMENT@MAGNACARE.COM)).
- REQUIRED: A bank account in which to deposit electronic funds and a clearinghouse/software vendor with the ability to accept the ERA file in 835 HIPAA standard format.

Reason for Submission (select one)      New Enrollment      Change Enrollment      Cancel Enrollment

### Provider Information

Provider Type      Physician      Physician Group      Ancillary      Hospital

Provider Name \_\_\_\_\_

Provider Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_

Provider Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

ERA Information - Preference for aggregation of remittance data is Federal Tax Identification Number (TIN) provided above.

### ERA Trading Partner/Receiver

If, as the provider, you are authorizing an Agent, Clearinghouse or Vendor to conduct the 835 transaction, select only one of the following. MagnaCare will contact the selected entity to initiate these transactions.

Agent      Clearinghouse      Vendor

### ERA Trading Partner/Receiver Information

If you are operating as an ERA Trading Partner/Receiver, in order to receive the ERA/EFT on behalf of a provider the provider must either complete the enrollment documents authorizing you to retrieve their remittance files, or a copy of the business associate agreement between you and the provider must be submitted along with this form.

ERA Trading Partner/Receiver Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

## Electronic Remittance Advice (ERA) Authorization Agreement

### Method of Retrieval

FTP setup, connectivity & file transmission protocol.

User ID and Password must be at least 6 characters and include at least 1 numeric character & 1 uppercase letter.

	FTP HOST	FTP SERVER	USER ID	PASSWORD	TRANSFER PROTOCOL
INBOUND TO MAGNACARE	ITBBS.MAGNACARE.COM	MAGNACARE			SSL FTP+PGP
OUTBOUND TO MAGNACARE	ITBBS.MAGNACARE.COM	MAGNACARE			SSL FTP+PGP

### Authorized Signature of Person Submitting Enrollment

The authorization is to remain in effect until written notice is submitted to MagnaCare via an ERA Authorization Agreement marked as a cancellation or change form. Any changes to the provider's agent, clearinghouse or vendor must be submitted on an ERA Authorization Agreement form as a change. The termination or change shall be effective 20 days subsequent to MagnaCare's receipt of the updated form.

Printed Name \_\_\_\_\_ Printed Title \_\_\_\_\_

Requested ERA Effective Date \_\_\_\_\_ Submission Date \_\_\_\_\_

Sign Here \_\_\_\_\_

## Instructions for Completing MagnaCare Electronic Remittance Advice (ERA) Enrollment Form

- THIS ERA AUTHORIZATION AGREEMENT FORM MUST BE FULLY COMPLETED, SIGNED AND RETURNED VIA FAX (516.723.7397) OR EMAIL ([EDIENROLLMENT@MAGNACARE.COM](mailto:EDIENROLLMENT@MAGNACARE.COM)).
- Please fax or email only one TIN per form. A separate form must be used for each TIN/EIN. Please allow three weeks for registration process to be completed. If after four weeks you do not start receiving ERAs or have questions about this form or the electronic enrollment process contact the [EDI Team](#). The EDI support team will contact you upon receipt of the completed ERA Enrollment Form.

### Form Submission Fields Summary

SUBMISSION INFORMATION – Please select one.

- New Enrollment – Enroll a new ERA Account.
- Change Enrollment – Change registration to a new Agent/ Clearinghouse/ Vendor.
- Cancel Enrollment – Terminate receipt of ERA data.

PROVIDER INFORMATION

Please complete all fields using the legal name, address & contact information of the institution, corporate entity, practice or individual provider.

PROVIDER IDENTIFIER INFORMATION

- 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 and all 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).
- Provider Federal Tax Identification Number (TIN) - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), used to identify a business entity.

PROVIDER CONTACT INFORMATION

Please complete all fields. Submit name and contact information for the person who is responsible for handling ERA issues.

ERA INFORMATION - Preference for Aggregation of Remittance Data is Federal Tax Identification Number (TIN).

ERA TRADING PARTNER/RECEIVER INFORMATION

Please select the entity with whom MagnaCare will be implementing ERA (835) transactions. If you as provider are authorizing an Agent, Clearinghouse or Vendor to conduct the 835 transaction, select only one of those entities. MagnaCare will utilize this designation for purposes of contacting the correct entity to initiate these transactions. Please complete all fields. Provide name and contact information of provider's authorized Agent/ Clearinghouse/ Vendor.

METHOD OF RETRIEVAL

Method by which provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

AUTHORIZED SIGNATURE

Signature of the person submitting enrollment. Please complete all fields including the date on which the enrollment form is submitted,