



ERA ENROLLMENT FORM

1	Change or Add a New ERA <i>(Please Select only one option from below)</i>				
Add a new ERA			Change an Existing ERA		
<input type="checkbox"/> Setup a new ERA account			<input type="checkbox"/> Add New Billing Provider		
<input type="checkbox"/> Delete my ERA account			<input type="checkbox"/> Remove Existing Billing Provider		
2	Provider Organization				
Organization Name					
Location Address	Street				
	City		State		Zip
Billing Tax ID		Billing NPI			
Rendering NPI (s)					
Remit Address	Street				
	City		State		Zip
Provider Name		Signature <small>(add electronic signature)</small>			
Contact Name		Title			
Contact Email					
Contact phone		Ext			
3	Distribution Method				
Please indicate the EDI Clearinghouse Name					
4	Billing Providers				
<input type="checkbox"/> Please Check if adding more than one provider.					

- Complete and submit the ERA enrollment form to the below email address:
ERAITenrollment@CareCentrix.com
- All the fields of the form are mandatory.
- The enrollment form must be signed by an authorized personnel.