



ERA ENROLLMENT FORM

1	Change or Add a New ERA (Please Select only one option from below)				
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		
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 authorized personnel.