Form #7

OPTUM Care®
Network of Connecticut

Electronic Remittance Advice (ERA) Enrollment Form

Please PRINT clearly.
Please note: After enrollment processing, Provider will receive both a paper Explanation of Payment and an Electronic Remittance Advice (ERA) for 31 calendar days, after which time Provider will **only** receive an ERA.

Provider Information (REQUIRED)

Provider Name:		
Provider Address Street:		
City:	State/Province:	ZIP Code/Postal Code:

Provider Identifiers (REQUIRED)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number:	
National Provider Identifier (NPI):	

Provider Contact Information

Provider Contact Name:		Title:
Telephone Number:	Telephone Number Extension:	Email Address:

Electronic Remittance Advice Information (REQUIRED)

Preference for aggregation of remittance data (e.g., account number linkage to provider identifier)
SELECT ONE

☐ Provider Tax Identification Number (TIN)   ☐ National Provider Identifier (NPI)

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name:

Submission Information

Reason for Submission: ☐ NEW Enrollment   ☐ CHANGE Enrollment   ☐ CANCEL Enrollment

The undersigned hereby certifies that the information provided herein is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate corporation action, where applicable, to execute this agreement on behalf of the above mentioned Provider Name to form a legally binding contract. The undersigned authorizes OptumCare Network of Connecticut and their affiliates (collectively referred to as "OCNCT") to transmit electronic remittance advice (ERA) detail for claims processed by OCNCT to the provider listed above. In addition, the undersigned hereby agrees that upon completion of enrollment processing, OCNCT will concurrently send paper explanation of payment and ERA for a period of 31 calendar days, after which time provider will only receive ERA.

This Authorization is to remain in full force and effect until OCNCT has received written notification of its termination in such time and manner as to afford OCNCT a reasonable opportunity to act on it.

Authorized Signature:_____   Date:_____

_____
Printed Name of Person Submitting Enrollment