Health Net of Arizona

Health Net of Arizona Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information

Provider Name _____

Provider Address Street _____

City _____ State _____ Zip _____

Provider Identifiers Information

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) _____

National Provider Identifier (NPI) _____

Provider Contact Information

Provider Contact Name _____ Telephone Number _____

Email Address _____ Fax Number _____

Provider Agent Information

Provider Agent Name _____

Telephone Number_____ Email Address_____

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider).

O Provider Tax Identification Number (EIN) _____

O National Provider Identification Number (NPI) _____

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name _____

Telephone Number_____ Email Address_____

Electronic Remittance Advice Vendor Information

Vendor Name _____

Telephone Number_____ Email Address_____

Submission Information

Reason for Submission: O New Enrollment O Change Enrollment O Cancel Enrollment

Authorized Signature:

Printed Signature of Person Submitting Enrollment _____

Submission Date _____ Requested ERA Effective Date _____

This authorization is to remain in effect until written notice in the form of an ERA Authorization Agreement form marked as a cancellation or change form is submitted to Health Net. Any changes to the providers 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 Health Net's receipt of the updated form.

Instructions for completing the ERA Registration form.
Please type or print legibly.
Use only black or blue ink to complete form.
Submit only one enrollment form per Tax Identification Number (TIN).
Please allow 3 weeks for registration process to be completed. If after 4 weeks you do not start receiving ERA's then you may contact the EDI Team at 1-800-977-3568 or you can go to www.Healthnet.com/provider for other contact information.
Upon registration completion, paper remits will be generated along with ERA for the first 30 days, after which paper remits will CEASE while ERA transmissions continue.
For successful ERA transmissions, registration with both Health Net AND with a clearinghouse is required.

For questions about this form, please call the EDI Unit at 1-800-977-3568.

Provider Information

Provider Name – Please fill out completely.
Provider Address – Complete legal name of institution, corporate entity, practice or individual provider.
Street – The number and street name where a person or organization can be found.
City - City associated with provider address field.
State – Character code associated with the State 2 digits.
Zip Code – Postal zone code.

Provider Identifier Information

Provider Federal Tax Identification Number (TIN) – A federal tax identification number or Employer identification number used to identify a business. 9 digits.
National Provider Identifier (NPI) – HIPAA unique provider identifier. 10digits.

Provider Contact Information

Provider Contact Information - Enter the name of the person, title, phone number and e-mail address of the person authorized to provide the EDI staff with information that relates to EFT payments or inquiries.

Provider Agent Information

Provider Agent Name – Name of provider's authorized agent.
Telephone Number – Telephone number for Agent contact.
Email Address – Email address for agent contact.

Electronic Remittance Advice Information:

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier): Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment. Must select only one of the two options below.
Providers Tax Identification Number (TIN) – A federal tax identification number (TIN) or Employer identification number (EIN) Numeric, 9 digits
National Provider Identifier (NPI) – Unique identification number for covered healthcare providers. Numeric, 10 digits
Method of Retrieval – Method in which provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

Clearinghouse Information

Clearinghouse Name – Official Name of the provider's clearinghouse.
Telephone Number – Telephone number for clearinghouse contact.
Email Address – Email address for clearinghouse contact.

Vendor Information

Vendor Name – Official name of the provider's vendor.
Telephone Number – Telephone number for vendor contact.
Email Address – Email address for vendor contact.

Submission Information: Must select one from below

New Enrollment – Enrollment of new ERA account.
Change Enrollment - This information facilitates the registration transition from the old to the new clearinghouse and expedites processing your change.
Cancel Enrollment – Use to terminate receipt of Electronic Remittance Advice Data.
Written Signature of Person Submitting Enrollment - Signature of preparer or responsible individual.
Printed Name of Person Submitting Enrollment – Printed Signature of preparer or responsible individual.
Printed Title of Person Submitting Enrollment - Enter the title of the person who signs the form.
Submission Date - Enter the date submitted for enrollment.
Requested ERA Effective Date – This is the date the provider wishes to begin receiving ERA data.

Fax the completed form to: 1-800-677-4147

For questions about this form, please call the EDI Unit at 1-800-977-3568.