



Instructions for completing the ERA (Electronic Remittance Advice) Enrollment Data Form

Online forms can be accessed at www.aultcare.com

Provider - login and click on important forms to locate EFT/ERA Enrollment

Vendor - login and click on important forms to locate EFT/ERA Enrollment

Provider Information (Section 1) Complete section if different than EFT enrollment

Provider Name- Complete legal name of institution, corporate entity, practice or individual provider.

Provider Address-

Street- The number and street name where a person or organization can be found.

City- City associated with provider address field.

State/Province- ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

Zip Code/Postal Code- System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

Provider Identifiers Information (Section 2) Complete section if different than EFT enrollment

Provider Identifiers-

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

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). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Provider Contact Information (Section 3) Complete section if different than EFT enrollment

Provider Contact Name- Name of a contact in provider office for handling ERA issues.

Telephone Number- Associated with contact person

Email Address- An electronic mail address at which the health plan might contact the provider.



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Provider Agent Information (Section 4) Complete section if different than EFT enrollment

Provider Agent Name- Name of provider's authorized agent.

Provider Agent Contact Name- Name of a contact in agent office for handling ERA issues.

Telephone Number- Associated with contact person.

Email Address- An electronic mail address at which the health plan might contact the provider.

Federal Agency Information (Section 5) Complete section if different than EFT enrollment

Federal Program Agency Name- Information required by Veterans Administration

Federal Program Agency Identifier- Agency Identifier

Electronic Remittance Advice Information (Section 6)

Preference for Aggregation of Remittance Date (e.g., Account Number Linkage to Provider Identifier) – Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment.

Must fill out one of the options

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)

Method of Retrieval- The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.).

Electronic Remittance Advice Clearinghouse Information (Section 7)

Clearinghouse Name- Official name of the provider's clearinghouse.

Clearinghouse Contact Name- Name of a contact in clearinghouse office for handling ERA issues.

Telephone Number- Telephone number of contact.

Email Address- An electronic mail address at which the health plan might contact the provider's clearinghouse.



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Electronic Remittance Advice Vendor Information (Section 8)

Vendor Name- Official name of the provider's vendor.

Vendor Contact Name- Name of a contact in vendor office for handling ERA issues.

Telephone Number- Telephone number of contact

Email Address- An electronic mail address at which the health plan might contact the provider's vendor.

Submission Information (Section 9) Complete section if different than EFT Enrollment

Reason for Submission- Must select one of the options

New Enrollment

Change Enrollment

Cancel Enrollment

Authorized Signature- The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.

Electronic Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment- The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.

Printed Title of Person Submitting Enrollment- The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.

Submission Date- The date on which the enrollment is submitted.

Requested EFT Start/Change/Cancel Date- The date on which the requested action is to begin. The start date cannot be established until after testing and the final checklist have been completed.

For questions regarding this form or to check status of enrollment, please email edisupport@aultcare.com.

Researching Missing / Late Files- ERA files that have not been received after 4 business days of receipt of the corresponding EFT file can be researched by emailing edisupport@aultcare.com. Please include the following information to assist with the research.

Provider name and tax identification number

EFT number

Dollar amount of EFT

Date EFT (deposit) was received