835 Remittance – Electronic Explanation of Claim Payment Provider Enrollment Form

Provider Information

Provider Name:

____

Provider Address:

Street ____

City ____________________________ State/Province ________

Zip Code/Postal Code _________________

Provider Identifiers Information

Provider Identifiers

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

National Provider Identifier (NPI) _______________ (Required when provider has been enumerated with an NPI)

Provider Contact Information

ERA Issues
Provider Contact Name:

Telephone Number:

Email Address:

Technical
Provider Contact Name:

Telephone Number:

Email Address:

Electronic Remittance Advice Information

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

Provider Tax Identification Number (TIN): _______________

Method of Retrieval ☐ **Direct** (please provide technical contact in above section) ☐ **Clearinghouse**

*** Please Note Secured File Transfer is Required for a Direct Connection ***

Clearinghouse Information

Clearinghouse Name:

☐ **PNC Bank** ☐ **RelayHealth**

☐ **Siemens** ☐ **AllScripts**

☐ **CPSI**

☐ **Emdeon**

Please note that we will only transmit to these clearinghouses. If you utilize a different clearinghouse have them contact one of the above clearinghouses we utilize to receive your 835 transaction.

An original letter of authorization on provider letterhead must accompany this application if utilizing a clearinghouse. The clearinghouse chosen must be indicated within the above referenced letter.

Reason for Submission ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

Authorized Signature

____
Written Signature of Person Submitting Enrollment

____
Printed Name of Person Submitting Enrollment

____
Title of Person Submitting Enrollment

Form can be faxed to **(570) 271-5341**

Prior to final set up original signature page must be returned to:
Geisinger Health Plan
Dept 32-33
100 N Academy Ave
Danville Pa 17822-3022