



ClaimsConnect ERA Provider Setup

Form Instructions: Please complete this form and fax to 888.965.4021.

Once we receive your completed setup form you will be e-mailed each Payer agreement with instructions, within 5 business days. It is recommended for new users to limit ERA enrollment to top volume 1-3 payers as additional paperwork is required for each payer.

Sign-up Fee is \$15.00/NPI/Payer + tax. When paperwork is received, we will process the charge using the card on file. If you do not have a card on file, you will need to update the payment method in order to proceed.

Helper Account Number: _____

ClaimsConnect Group Number (optional): _____

PROVIDER INFORMATION *Complete one form for each provider.*

Facility Name: _____

Provider Name: _____

Tax ID: _____ Please check off appropriate box **EIN** **SSN**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Email Address: _____ **Contact Name:** _____

PAYER SELECTION – Please list all payers you want to enroll with for ERA service

Payer Name	Individual NPI	Group NPI

