



ClaimsConnect ERA Provider Setup

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

Sign-up Fee: \$15 + tax per NPI for each insurance company

Credit Card Type _____ Credit Card # _____
 Exp. Date _____ CVV Code: _____

Signature _____ I authorize Netsmart to charge my card.

Payment is due before form can be processed.

Helper Account Number: _____
 ClaimsConnect P #: _____

ClaimsConnect G #: _____

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

If signing up for Medicare, please add Individual/Group PTAN

Payer Name	Individual NPI	Group NPI	***For Netsmart Use Only***	
			Payer ID	Enrollment
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

Once we receive the completed setup form you will be e-mailed each Payer agreement with instructions.