

Electronic Remittance Advice (ERA) / 835 Enrollment Form

Availity supports the exchange of electronic remittances for various payers in the ASC X12 835, version 4010A1 format.

The enrollment process establishes an electronic mailbox where we will place the electronic remittance file(s) received from the payer. The Provider Tax ID is a requirement to establish an ERA/835 Receiver mailbox and will also be used to parse remittance transactions from the payer.

Note: If you are a Billing Service or Clearinghouse that is acting on behalf of the provider to receive the ERA/835, you must have each provider complete the enrollment documents. This authorizes you to retrieve their remittance files or a copy of your power of attorney must be submitted with the enrollment form.

Once in production, a letter will be required on the provider's letterhead if a change is requested. If you have any questions regarding the enrollment process you may contact the Availity Helpline at 1-800-282-4548.

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Indicate who will receive the 835 files

Provider Billing Service Clearinghouse

Provider (Provider information is required for all enrollments)		
Provider Name (print):		
Provider Address:		
City:	State:	Zip Code:
Tax ID:	NPI:	
Billing Service/Clearinghouse This information is required if a clearinghouse or billing service is downloading and processing the ERA/835 data		
Receiver Name:		
Receiver Address:		
City:	State:	Zip Code:
Contact Name:	Telephone:	
Email Address:	Fax:	

If the ERA/835 data is to be provided to a clearinghouse or billing service, the provider's signature signifies approval for them to download on your behalf.

Provider Signature: _____ **Date:** _____
or representative

This form may either be **faxed** to:

Fax: 972-383-6415

OR

Mailed to:
Availity, LLC
PO Box 550857
Jacksonville, Florida 32255-0857