



Electronic remittance advice registration form

To authorize us to send you fully HIPAA-compliant Electronic Remittance Advice (ERA) 835 transactions, complete this form and fax it to our EDI team at 866-612-7862. After successful testing, complete the ERA test sign-off section of this form and fax the entire form to us again.

Questions? Call us at 855-687-5942 or email [KYHC EDISETUP.USEM@cgi.com](mailto:KYHC_EDISETUP.USEM@cgi.com).

ERA receiver information - Billing information as it appears on your claims:

Name _____ Tax ID _____
Address _____ NPI _____
City _____ State _____ ZIP _____

Is there more than one group/organization that will be paid under the above tax ID? ☐ Yes ☐ No

Office accounts receivable contact person

Name _____ Phone _____
Email _____ Fax _____

Technical information

EDI Clearinghouse for ERA/835 transmission

Name Optum _____ Contact N/A _____
Email N/A _____ Phone N/A _____

Practice management system capabilities

Does your system now successfully post from ERA files? ☐ Yes ☐ No

HIPAA Compliance

Is your practice management system HIPAA-compliant? ☐ Yes ☐ No

Does your system or vendor send the 997 functional acknowledgments? ☐ Yes ☐ No

Registration submitter signature

Signature

Title

Date