



# 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.*