

# SecureConnect ERA Provider SignUp Form

Please fax completed form to SecureConnect Enrollment: (781) 937-3232 or mail to the address listed below

**Fee - \$15 per provider for each Insurance Company**

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ By signing, I authorize VantageMed to charge my card and agree I have read this form .

If paying by check please mail form along with check to the address above. (Payment is due before form can be processed)

VantageMed Account Number: \_\_\_\_\_ SecureConnect G Number: \_\_\_\_\_

**PROVIDER INFORMATION** (complete one form for each provider)

Facility Name					
Provider Name	Tax ID		<input type="checkbox"/> EIN	<input type="checkbox"/> SSN	
Address					
City	State	Zip			
Telephone	Fax				
Email Address	Contact Name				

**PAYER SELECTION**

*PLEASE NOTE:* Customers are responsible for determining if the Payer accepts ERA. All Payers listed below will be included in the fee.  
**PAYERS REQUESTED** (see payer list at <http://www.emdeon.com/PayerLists/payerlists.php>, to determine if they send ERAs)  
 Payers requested must be listed on the Emdeon Website for ERA's.  
 \*GROUP ID/PROVIDER ID NOT REQUIRED FOR COMMERCIAL PAYERS.

	Payer Name	Provider ID*	Group ID*	Payer ID	Enrollment Type <i>Leave Blank</i>
1	Medicare				
2	Medicaid				
3	BlueCross/Blue Shield				
4					
5					
6					
7					
8					
9					
10					

Once we receive the completed sign-up form you will be mailed each Payer agreement. You will need to **mail all Payer agreements back to our enrollment department @ VantageMed, Attn: Enrollment, 600 W. Cummings Park, Suite 3450, Woburn, MA 01801**

**Enrollment Type** (VantageMed use only)

- PCP - Provider contacts Payer
- PSF - PSF required only
- PA Payer Agreements
- NA - No ERA Routing