



## ClaimsConnect ERA Provider Setup

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

Once we receive your completed setup form you will be e-mailed each Payer agreement with instructions, within 5 business days. It is recommended for new users to limit ERA enrollment to top volume 1-3 payers as additional paperwork is required for each payer.

**Sign-up Fee - \$15 per NPI for each insurance company (plus any applicable taxes)**

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

Signature \_\_\_\_\_ I authorize Netsmart to charge my card.

Helper Account Number: \_\_\_\_\_

ClaimsConnect Group Number (optional): \_\_\_\_\_

**PROVIDER INFORMATION** *Complete one form for each provider.*

Facility Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Select appropriate option: 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

