

Commercial ERA Payer	Enrollment Instructions – ERA
Payer Info	<p>This payer sends confirmation when ERA setup is approved. Yes ✓ No Once ERAs begin coming in, this serves as confirmation of the 835 ERA setup.</p> <p>Note: This payer does not guarantee an ERA will be generated for all payments.</p>
Checklist of Requirements	
How and Where to Submit this Request	<p>SUBMIT To- Practice Insight</p> <p>LOG INTO EDInsight® GO TO [Search Tools] → [Enrollment] ADD or LOCATE, then SELECT payer enrollment record. CLICK [ATTACH File] to attach completed form to the record. CLICK [SUBMIT Enrollment to PI] to assign to Practice Insight for processing.</p>
Steps / Instructions for completing request.	
Estimated Time of Completion	
Contact Info to Follow Up or Make Inquiries	<p>Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department to check on status of enrollment after 45 days. Please confirm this provider is currently submitting claims to this payer, and has received a payment from this payer within the last 14 days. You may be asked to provide recent payment information which includes, check date, check number and check amount.</p>



Moda Health Electronic Remittance Advice (ERA) enrollment form

Section 1 › Provider information

Provider name:	Doing business as name (DBA):	
Street:		
City:	State/Province:	ZIP code/Postal code:

Section 2 › Provider identifiers information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
National Provider Identifier (NPI):
Other identifier(s); provider taxonomy code:

Section 3 › Provider contact information

Provider contact name:	Telephone number:	Telephone extension:
Email address:		

Section 4 › Electronic Remittance Advice information

Preference for Aggregation of Remittance Data (e.g. account number linkage to provider identifier)

Provider Tax Identification (TIN):	National Provider Identifier (NPI):	Method of retrieval:
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Section 5 › Electronic Remittance Advice Clearinghouse information

Clearinghouse name:

Section 6 › Submission information

Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment		
Written signature: X		
Printed name:	Printed title:	Submission date (ccyyymmdd):

Confidential when completed. Please mail or fax to:

Moda Health
ATTN: EDI Department
601 SW 2nd Ave
Portland, OR 97204
Fax number: 503-412-4068

NOTE: Do not send completed form via email.



Moda Health Electronic Fund Transfer (EFT) enrollment form

Section 1 ▶ Provider information

Provider name:	Doing business as name (DBA):	
Street:		
City:	State/Province:	ZIP code/Postal code:

Section 2 ▶ Provider identifiers information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
National Provider Identifier (NPI):
Other identifier(s); provider taxonomy code:

Section 3 ▶ Provider contact information

Provider contact name:	Telephone number:	Telephone extension:
Email address:		

Section 4 ▶ Financial institution information

Financial institution name:	Financial institution routing number:
Type of account at financial institution: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Provider's account number with financial institution:
Provider Tax Identification Number (TIN):	National Provider Identifier (NPI):

Section 5 ▶ Submission information

Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment		
Written signature: X		
Printed name:	Printed title:	Submission date (ccyyymmdd):

Confidential when completed. Please mail or fax to:

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NOTE: Do not send completed form via email.