



Electronic Remittance Advice Enrollment/Modification Form

PROVIDER INFORMATION

Provider Legal Name		DBA Name	
Street	City	State	Zip Code

PROVIDER IDENTIFIERS INFORMATION

Provider TIN or EIN	NPI
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Other Identifier(s)

Assigning Authority	Trading Partner ID
Provider Type	Provider Taxonomy Code

PROVIDER CONTACT INFORMATION

Provider Contact Name		Title	
Telephone Number	Telephone Number Extension	Fax Number	
E-mail Address			

PROVIDER AGENT INFORMATION

Provider Agent Name			
Street	City	State	Zip Code
Provider Agent Contact Name		Title	
Telephone Number		Telephone Number Extension	
E-mail Address		Fax Number	

RETAIL PHARMACY INFORMATION

Pharmacy Name		
Chain Number	Parent Organization ID	Payment Center ID
NCPDP Provider ID Number	Medicaid Provider Number	

ELECTRONIC REMITTANCE ADVICE INFORMATION

Provider Tax ID	Provider NPI	Method of Retrieval
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ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name

Clearinghouse Contact Name

Telephone number

E-mail Address

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name

Vendor Contact Name

Telephone Number

E-mail Address

SUBMISSION INFORMATIONReason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Written Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

Printed Title of Person Submitting Enrollment

Submission Date

Requested ERA Effective Date

- Instructions to complete the ERA Enrollment/Modification form can be found at www.mass.gov/eohhs/docs/masshealth/aca/era-instructions.pdf.
You may also confirm the status of your ERA enrollment by contacting MassHealth Customer Service at 1-800-841-2900.
- The ERA Enrollment/Modification form can be completed manually or electronically via the Provider Online Service Center (POSC). All paper forms must be mailed to the following address:

MassHealth Customer Service
Attn: Provider Enrollment and Credentialing
P.O. Box 9162
Canton, MA 02021