



Enrollment Department
MedAvant
1854 Shackelford Court,
Suite 200
Norcross, GA. 30093

Phone: (800) 792-5256 Option 1
Fax: (770) 885-4559
provider.enrollment@MedAvanthealth.com

ERA Payer Agreement Instructions for Arkansas Medicare

Important Notes

ERA transactions are available as an additional MedAvant contracted service. To add ERAs to your contract please contact your MedAvant Sales person or Account Manager. ERAs must be part of your MedAvant contract BEFORE completing this ERA Payer Agreement.

Electronic Funds Transfer (EFT) is an arrangement between the Provider and the Payer. MedAvant does not manage or transmit EFTs.

Before receiving ERAs from this Payer the Provider will need to:

- Be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the ERA Enrollment Request.
- To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. MedAvant **cannot** make this request for the provider.

Guidelines for completing: Arkansas Medicare Payer ID MR055

- Complete the Submitter Information section in its entirety.
- Complete the Provider Information section and be sure to Sign and Date agreement.
- Be sure to include the Provider/Group Medicare Provider Number.

Return the Agreement to the Payer:

Mailing address for USPS, FedEx, UPS, etc.

EDI-4BCS
ABCBS
601 S. Gaines St
Little Rock, AR 72203

Return MedAvant's ERA Enrollment Request to MedAvant:

MedAvant Enrollment Fax

(770) 885-4559

Physical address for USPS, FedEx, UPS, etc.

Enrollment Department
MedAvant Healthcare Solutions.
1854 Shackelford Court, Suite 200
Norcross, GA 30093

MedAvant ERA Enrollment Request is located at:

<http://www.MedAvanthealth.com/payerlist/default.asp>

Questions? Contact MedAvant enrollment at:

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