

Electronic Remittance Advice (ERA) Provider Registration Request and Cancel Form

INSTRUCTIONS TO PROVIDER:

- A. Please complete this form [Sections (1), (2), and (3)], if you are requesting to **Register** or to **Cancel** an Electronic Remittance Advice (ERA) from CIGNA HealthCare.
- B. E-mail the completed form to your clearinghouse. (Note: Your clearinghouse will forward the registration request/change to CIGNA HealthCare.)
- C. Retain a copy for your records.

(1) ACTION REQUESTED <i>(Select one)</i>		(2) EFFECTIVE DATE	
<input type="checkbox"/> ENROLL FOR ERA (Note: Explanation of Payments currently provided will continue.)	<input type="checkbox"/> CANCEL ERA (Note: For any reason, including change in Clearinghouse).	INDICATE THE ERA EFFECTIVE DATE OR CANCEL DATE <u>REQUESTED</u> . (Specify date –mm/dd/yyyy) (Note: Future Date only)	

(3) PROVIDER INFORMATION *(Use for Solo Practitioners, Groups, Facilities, Ancillary Providers, etc.):*

PROVIDER TYPE:	TIN (TO WHICH PAYMENT WILL BE MADE)	TIN (TAX ID) NAME ON W-9.	TIN TYPE (INDICATE SSN OR EIN)
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> BOTH			<input type="checkbox"/> SSN <input type="checkbox"/> EIN
<input type="checkbox"/> SOLO PRACTITIONER FIRST/LAST NAME & DEGREE			
<input checked="" type="checkbox"/> GROUP NAME (IF APPLICABLE)			
<input type="checkbox"/> ANCILLARY NAME TYPE OF ANCILLARY (E.G., DME, LAB, MENTAL HEALTH, ETC.)			
<input type="checkbox"/> FACILITY NAME TYPE OF FACILITY (E.G., HOSPITAL, SKILLED NURSING, ETC.)			
BILLING ADDRESS (STREET, PO BOX, CITY, STATE, ZIP)			
BILLING CONTACT NAME			
TELEPHONE NO.		FAX NO.	
E-MAIL ADDRESS			

(4) CLEARINGHOUSE INFORMATION *(Completed by Clearinghouse):*

CLEARINGHOUSE ID#	870426777	Provider Direct	Provider Direct
PHONE #	860-632-0572	FAX #	860-632-2999
E-MAIL ADDRESS & CONTACT NAME	Lisa Lagassey Support@post-n-track.com	DATE REQUEST COMPLETED	
CIGNA INTERNAL USE ONLY		DATE REQUEST RECEIVED:	

Notes:

- a) Provider Records will be updated within 10 business days of receipt of this form by CIGNA HealthCare.
- b) ERA's will be produced beginning the first payment cycle after the ERA effective date:
- for claims received after the ERA effective date,
 - for claims received before the ERA effective date, if processed and consolidated on the same check with claims received after the ERA effective date.

Note that the "ERA effective date" is the date requested, or, the current date at the time the registration request is processed by CIGNA, whichever is later. Retroactive dates are not accommodated.

- c) ERA election will be effective for all practitioners registered within the same TIN#.
- d) Explanation of Payments (currently provided) will continue to be produced.