



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 Louisiana 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: Louisiana Medicare Payer ID MR048

- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.

Electronic Remittance Advice Request (ERA)

Submitter Information

Field	Instructions
<i>Submitter Number of Provider / Group, Submitter Number picking up the remittance advice:</i>	Pre-filled by MedAvant
<i>Effective Date::</i>	The date you would like to activate this service
<i>Provider Name: (Hospital, Clinic, or P.A. Group):</i>	List Provider Name (if Group Practice) List Group Name only
<i>Medicare Provider Number: (Clinic number):</i>	List Group Pay to Number
<i>Address/ City/ State/Zip</i>	Self Explanatory
<i>Contact Person's Name/Telephone Number</i>	Contact Name and Phone Number for the Clinic.

Provider Information

Field	Instructions
<i>Provider Name, Medicare Provider Number</i>	List Name of Provider & Group Pay to Medicare Number

Indicate the Format and Version of Receipt

Field	Instructions
<i>ANSI 835B 4010 A1</i>	Pre-filled by MedAvant
<i>Signature and Title (Provider or Office Manager) Date:</i>	This form must be signed by an authorize agent of the practice. Louisiana Medicare will not process your request for ERA's without a valid signature and date.



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Return ERA Request form to Payer:

Physical address for USPS, FedEx, UPS, etc.

Medicare Services
Attention: EDI Services
P.O. Box 2181
Little Rock, AR 72203-2181

Return MedAvant's ERA Enrollment Request to MedAvant:

MedAvant Enrollment Fax

(770) 885-4559

Physical address for USPS, FedEx, UPS, etc.

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MedAvant ERA Enrollment Request is located at:

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

Questions? Contact MedAvant enrollment at:

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