

ERA Payer Agreement Instructions for New Mexico Medicare - MR076

Important Notes

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

Electronic Funds Transfer (EFT) is an arrangement between the Provider and the Payer. Per-Se 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. Per-Se **cannot** make this request for the provider.

Guidelines for completing: New Mexico Medicare Payer ID MR076

- 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.

Medicare Services

Attn: EDI Services

PO Box 25488

Oklahoma City, OK 73125-0488

Return Per-Se's ERA Enrollment Request to Per-Se:

Per-Se Enrollment Fax

(800) 633-4763

Electronic Remittance Advice Request (ERA)

Submitter Information

Submitter Number of Provider/Group: _____
Submitter Number *picking up the remittance advice*: _____
Effective Date: _____
Provider Name: (Hospital, Clinic, or P.A. Group): _____
Medicare Provider Number: (Clinic number): _____
Address: _____
City/State/Zip: _____
Contact Person's Name: _____
Telephone Number: _____

Provider Information

Provider Name

Medicare Provider Number

Attach additional sheets if necessary

Indicate the Format and Version of Receipt *(Make only one selection in this section)*

Physician Medicare Part B

NSF ver. 2.0 _____
NSF ver. 2.01 _____
ANSI 835B 30.51 3B _____
ANSI 835B 30.51 4B _____
ANSI 835B 4010 _____
ANSI 835B 4010 A1 _____

Signature and Title (Provider or Office Manager)

Date

RETURN ADDRESS:
Medicare Services
Attn: EDI Services
P.O. Box 25488
Oklahoma City, OK 73125-0488

