



X12 835 ELECTRONIC REMITTANCE NOTICE (ERN) PROFILE

Medicare Part B

Complete the following ERN Profile to receive your X12 835 remittance electronically and fax or mail to:

**Empire Medicare Services
EMC Marketing
PO Box 4846, Mail Drop 4-5
Syracuse, New York 13202
FAX to 315-442-4770**

You will be notified that your remittance set-up is complete by logging onto the Empire e-Link get files application. **If the information requested is unknown, we can't process your request, please contact your Vendor for complete information.** Electronic Remittances Notices (ERN) will be systematically purged, if not retrieved on a timely basis! Empire e-Link receivers should download daily. FTP receivers should not delete the 835 transactions.

CONTACT NAME: _____ TELEPHONE #: _____

EMAIL ADDRESS: _____

SUBMITTER ID #: _____ NAME: _____

SUBMITTER ADDRESS: _____

VENDOR NAME: _____ FAX #: _____

PROVIDER SIGNATURE: _____

Version Available: **4010A1** Check telecommunication method: e-Link FTP

Check if requesting test or production file: TEST (New receivers Only) PRODUCTION

Once set up is completed, test files will be sent daily for 7 calendar days for the providers identified on this form. At the end of 7 days, test files will stop. You must notify Empire when you are ready to receive production X12 835 remittances.

Please enter the 10 digit Billing Provider ID # and Name:

If you bill for a group, enter the Group Provider ID, not the Individual ID. Please attach page(s) for additional Providers.

_____	_____
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