

## ERA Payer Agreement Instructions for Upstate NY Medicare - MR059

### 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: Upstate NY Medicare Payer ID MR059

- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Be sure to complete section (1) completely
- Section (2) is not applicable
- Sections (3)(4) are pre-filled by Per-Se Technologies
- Section (5) Provider signature or someone who is authorized to sign on behalf of the provider and title

### Return Payer's ERA Request Form to Payer:

**Payer Fax**

(607) 766-6352

**Physical address for FedEx, UPS, etc.**

HealthNow/Upstate Medicare Division Part B

PO Box 5208

Binghamton, NY 13902-5208

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

**Per-Se Enrollment Fax**

(800) 633-4763

**Physical address for USPS, FedEx, UPS, etc.**

Enrollment Department

Per-Se Technologies

5222 E. Baseline Rd. Ste 101

Gilbert, AZ 85234

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### **Questions? Contact Per-Se enrollment at:**

(800) 689-4550



## ELECTRONIC REMITTANCE ADVICE

DATE: \_\_\_\_\_

Electronic Remittance Advise (ERA) will allow you to receive your Explanation of Medicare Benefits (EOMB) electronically. ERA files are available on the Medicare Electronic Gateway (MeG) for fifteen (15) business days following the date the claims are released for payment.

**Note: Your software vendor must confirm your capability to receive and format this information.**

1) Individual Provider or Group's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Office Hours: \_\_\_\_\_

County: \_\_\_\_\_

2) My software vendor for **Medicare Part B** is: (Note: THIS INFORMATION MUST BE COMPLETED)

*Name and address of the software vendor utilized for Electronic Remittance Advice:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3) A billing service picks up my **Medicare Part B** Electronic Remittance Advice for me. (Note: COMPLETE ONLY IF APPLICABLE)

*Name and address of the billing service utilized:*

MedAvant Healthcare Solutions  
1854 Shackelford Ct. Suite 200  
Norcross, GA 30093

Contact Person: Provider Enrollment

Telephone Number: (800) 792 5256 Option 1

Submitter Number: Z30318

4) Select your Version:           ANSI   **40.10A1**   ✓  

5) Provider or his/her authorized office personnel's signature:

\_\_\_\_\_

Title: \_\_\_\_\_

You may fax or mail this form to:

HealthNow/Upstate Medicare Division Part B  
PO Box 5208  
Binghamton, NY 13902-5208  
Telephone #: 866-528-8097 Fax #: 607-766-6352