



Enrollment Department
MedAvant
1901 E. Alton Ave.,
Suite 100
Santa Ana, CA. 92705

Phone: (800) 792-5256 Option 1
Fax: (404) 877-3324
provider.enrollment@medavanthealth.com

Electronic Remittance Advice (ERA) Payer Agreement Instructions

TrailBlazer Health Enterprises

Important Information

ERA transactions are available through MedAvant HealthCare Solutions as a contracted service. If you are not currently contracted for ERA, please contact your MedAvant sales person or account manager. ERA services must be authorized prior to completing the ERA payer enrollment form(s).

Electronic Funds Transfer (EFT) is available for this payer and part of this enrollment form. EFT authorization and processing is an arrangement between the provider and the payer. MedAvant HealthCare Solutions does not enroll, manage, or transmit EFT transactions.

This payer requires enrollment and assignment of a valid Provider Identification Number (PIN) prior to ERA enrollment. If a PIN has not been assigned, please contact the payer directly.

Instructions for completing: Peach State Health Plan - (68049).

- Be sure to list Providers demographics along with the Peach State Health Plan Group Provider Number.
- Fax/Mail the Peach State Health Plan Electronic Funds Transfer Agreement to Peach State Health Plan EDI Services.
- Please note that if you enroll with ERA and ETF your paper EOB's will discontinue after 60 days
- Forward an ERA request form to the MedAvant Enrollment Team for Processing.
- Please allow (30) days turn around time prior to submitting for this service.

Mail/Fax the Peach State Health Plan Electronic Funds Transfer Agreement to:

Physical address for USPS, FedEx, UPS, etc.

(877) 683-3155

EDI Department

Peach State Health Plan

3200 Highlands Parkway, SE, Suite 300

Smyrna, GA 30082



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Return MedAvant's ERA Enrollment Request to MedAvant:

Physical address for USPS, FedEx, UPS, etc.

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Enrollment Department
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MedAvant ERA Enrollment Request is located at:

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

Questions? Contact MedAvant enrollment at:
(800) 792-5256 Option 1

Medicare Part B Electronic Remittance Advice (ERA) Request Form

Note: Please allow 10 days for processing and an additional 3–5 business days for notification via mail.

Provider Name and Address: *** Provider Information Required ***		Receiving Name and Address: Address of clearinghouse, vendor or billing agency downloading and processing ERA data. *** Not required if provider does his own download. ***	
E-mail Address:		E-mail Address:	
Existing ERA Receiver Number:			
Contact Person (Full Name):			
Is this a new contact name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phone Number:		Fax Number:	
Type of Remittance: MAILBOX (GPNet):	<input type="checkbox"/> Zipped	<input type="checkbox"/> Unzipped	
Format: ANSIX12 835 version 004010X091A1			
Provider Number:		NPI Number:	
*** Group, solo or organization number only. Do not list group member numbers. ***			

If the provider downloads and processes his own ERA data, signing this form certifies he will not share his receiver number and password with any other entity. If remittance is to be provided to a clearinghouse, software vendor or billing agency, the provider's signature signifies approval for them to do the download.

Provider Signature: _____
(Or representative legally empowered to sign this form on behalf of the provider name identified on this form.)

Mail or fax this form to:

TrailBlazer Health Enterprises, LLC
P.O. Box 660156
Dallas, TX 75266-0156
Fax: (469) 372-1045