

Submit the completed Payer Request Form to: Inovalon Enrollment <u>enrollmentsupport@inovalon.com</u>

INSTRUCTIONS

- Complete all sections of the Payer Request Form
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.

If you have more than ten payers to enroll, please make additional copies of this form.



Submit the completed Payer Request Form to:

Inovalon Enrollment

enrollmentsupport@inovalon.com

INSTRUCTIONS

Complete one form per TAX ID.

	PROVIDER B	ILLING INFORMATIO	N	
Please type your responses directly into the form.		Please check:	New Request	Change Request
Billing Service Name (if applicable)				
TIN or INOVALON ID:				
Contact Name:				
Phone: ()	Fax: ()	Email:		
Group/Provider Name:				
Please check for designation:	Professional	Institutional		
Billing Tax ID:	Indicate TIN	N/EIN SSN	Billing NPI:	
Street Address:				
City:	State:		Zip:	
Name of Authorized Signee:				
Title of Authorized Signee:				

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

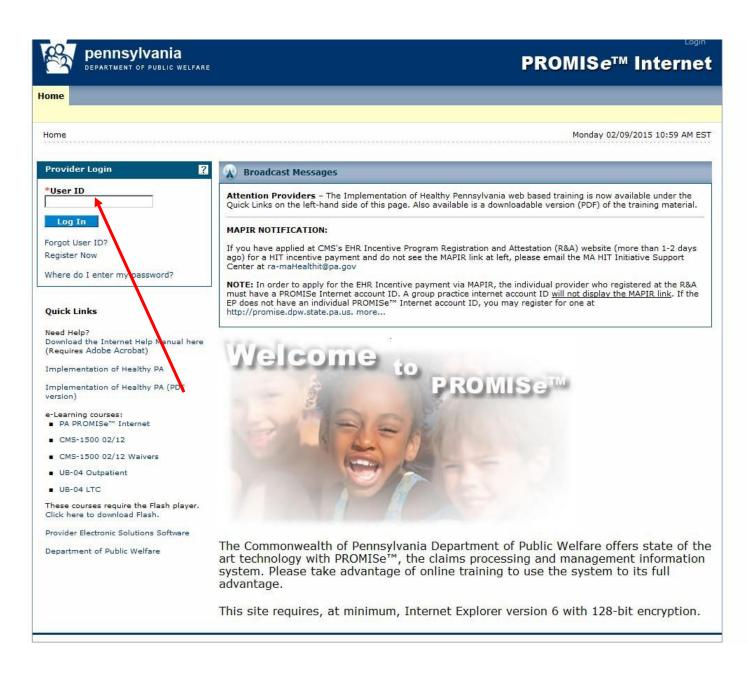
Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

PENNSYLVANIA MEDICAID

PROFSSIONAL PAYER ID SKPAO - SUBMITTER ID 545303153

https://promise.dpw.state.pa.us/portal/provider/Home/tabid/135/Default.aspx?s35=Y&s07=Y&s19=vPy 98nsFLbBnkULYDNguXgZ+FsY=



	INSYIVANIA	PROMIS <i>e</i> ™ Internet
My Home Claims	Eligibility Trade Files Reports Outpatient	Fee Schedule ePEAP Hospital Assessment Help
	ch EFT and ERA Enrollment	
My Home > EFT	and ERA Enrollment	Wednesday 12/11/2013 11:56 AM EST
		Transfer (EFT) and Electronic Hep
	Provider ID: 123123123-0032	Name: OURTOWN HOSPITAL
	Electronic Funds Transfer (EFT)	
	EFT Status Financial Institution Routing Nun Enrolled 012345870	ber Provider's Account Number Type of Account ***** 2345 Checking
	Most Recent Online EFT Enrollment Request Submission Date:	Request Status:
		EFT Enrollment Request
	Electronic Remittance Advice (ERA)	(ANSI X12 835 transactions)
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	Most Recent Online ERA Enrollment Request Submission Date:	Request Status:
		ERA Enrollment Request

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ABILITY Network ENROLLMENT HELP DESK 888-499-5465 <u>setup@abilitynetwork.com</u> See top of page for submitter id

Providers can instantly confirm ERA enrollment by accessing the <u>PROMISe[™]</u> Provider Portal. Upon entering the portal select My Home in the upper left-hand corner and then select EFT and ERA Enrollment. This page displays the ERA enrollment status and Submitter ID number the provider service location is linked to.