MD On-Line ERA Provider Setup Form										Er	Email: setup@mdon-line.com				
1				Rece	iver Inf	ormation (Enti	ty retrie	eving ERA	file from V	VebMD,)			
Receive	er	MD On-L	ine						Contact Kristen Ne			rk			
Addres	ss	4 Campu	s D												
City Parsippany									NJ	Zip	o 07054				
Telephone 888-499-5465									888-837-2232						
Email Address setup@mdon-line					.com	com			Tax ID 223389595						
WebMD	D ERA	Product		Expedite	e/POSI	POSI OKC D		ect	⊠ GTEI	os	□ NDM				
			TSO			Log In ID			TSO F3	TSO F3RK S Node Name			ame		
Format requested				☐ 4010 ⊠ 4010A				NOTE: You can only receive 1 (one) format for your files.							
Merge Group Required?				☐ Yes ⊠ No				Merge	Group ID	Site ID/P	BG#				
2	Vendor Information (WebMD certified vendor used to retrieve ERA files from WebMD)														
Vendor	r	MD On-L			,				Contact		Kristen Newkirk				
Addres		4 Campu													
City Parsippany								State	NJ	Zip	07054	4			
Telephone 888-499-5465									888-837-2232						
Email Address setup@mdon-line.co					.com	om			MM# (for MMNS use only)						
Vendor/Submitter ID 223389595									ringhouse Direct VNS (for WebMD use only						
3 Provider Information (Provider for whom ERA's will be returned to WebMD)														_	
Group/Facility Name													,		
Provider Name									Provider Contact						
Provide	er Ad	dress													
City						Sta			ate						
Provider Telephone									ider Fax						
Provider E-mail Address															
Provide	er SS	N/Tax ID													
PAYERS REQUESTED (see payer list at https://www.mdon-line.com/mdonline/paylst.asp) *GROUP ID/PROVIDER ID NOT REQUIRED FOR COMMERCIAL PAYERS. Payers requested must list ERA as a service on the WebMD/ENVOY Payer List															
Payer Name					Webl	WebMD Payer ID			Provider ID*		Group ID/Site ID*				
1															
2															
3	3														
4															
5		N1 (12)			10 -	N1 4181	K	7., -			<u></u>		<u> </u>		
Send Setup Notification to: Do Not Send Notification Vendor Billing Service/Dealer Facility/Provider Send Payer Forms (if requested) and Payer Approvals to: Vendor Billing Service/Dealer Facility/Provider															