



ERA Enrollment Request

Questions?- Contact us at: (800) 792-5256 Option 1
 Fax: (404) 877-3324 | provider.enrollment@Capario.com

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

1 Client Information: Entities that <u>submit</u> claims. Includes: Billing Services, Medical Groups or individual providers			
Capario Client Name:		Capario Client/User ID ¹ (Existing Clients):	
Contact Name:		Phone Number:	Fax Number:

2 Provider Information: Entities that <u>create</u> claims. Includes: Medical Groups or individual providers.			
Group Name:			
Group EIN/SSN # (Indicate type) <input type="checkbox"/> EIN <input type="checkbox"/> SSN:		Group NPI:	
Contact Name:		Phone Number:	Fax Number:
Address:		City:	State: Zip:
Contact Email:	Email address for Approval Notice:		

3 Complete ERA Agreement(s): The ERA Payer agreements, with instructions, are located on our website. http://www.capario.com/services/resource_center/payer/list/default_db.asp

4 ERA Payer Agreement Tracking: Complete these fields for each ERA Payer Agreement. Capario will use this information to follow up with each Payer for approval. When Payer approval is confirmed we will send an email to your Approval Notice email address. If you receive written approval from the Payer please fax it to us upon receipt.						
Payer ID	Payer Name	Group ID	Carrier (FedEx, UPS, USPS)	Sent to:	Date Agreement Sent	Carrier's Tracking Number
				<input type="checkbox"/> Payer <input type="checkbox"/> Capario		
				<input type="checkbox"/> Payer <input type="checkbox"/> Capario		
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5 Fax, mail or attach to an email and send to Capario Enrollment Dept. 1901 E. Alton #100 Santa Ana, CA. 92705				Date:	
Capario Enrollment E-mail:		provider.enrollment@Capario.com		Capario Enrollment Fax:	(404) 877-3324

1: If you do not know your Client ID contact Capario Enrollment.