



Capario Enrollment
1901 E. Alton Ave. #100
Santa Ana, CA. 92705
Phone: (800) 792-5256 Option 1
Fax: (404) 877- 3324
provider.enrollment@Capario.com

ERA Payer Agreement Instructions for Alabama Medicaid (MC018)

You will enroll for ERAs by completing and sending the Payer Agreement directly to the Payer. In addition please complete and send the Capario ERA Enrollment Request Form to our EDI Team. Specific instructions for this Payer are shown below.

ERA Transactions are available as an additional Capario contracted service. To add ERAs to your contract please contact your Capario Sales person or Account Manager. ERAs must be part of your contract and you must be enrolled with this Payer BEFORE submitting this ERA Payer Agreement.

EFT enrollment and transmission is an arrangement between the provider and the Payer. If the Payer offers EFT transactions contact them to determine if they:

- Require you to receive EFTs in order to receive their ERAs
- Charge an additional fee for EFTs/ERAs
- Require you to enroll for EFTs on this ERA enrollment form.

Guidelines for Enrolling with this Payer

1. Fax or Mail the Electronic Remittance Advice (RA) Agreement to:

EDS
Attn: EDI Department
P.O. Box 244035
Montgomery, AL 36124
Fax: (334) 215-4272

2. Fax or mail the Capario ERA Enrollment Request Form to:

Fax: (404) 877-3324
EDI Team
Capario
1901 E. Alton Ave. Suite 100
Santa Ana, CA. 92705

To obtain the Capario ERA Enrollment Request Form, go to:
www.capario.com/services/resource_center/enrollment_instructions.html

Questions? Contact Capario Enrollment at: (800) 792-5256 Option 1

ELECTRONIC REMITTANCE ADVICE (RA) AGREEMENT

GROUP/BILLING NPI NUMBER: _____

GROUP/BILLING NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT: _____ **PHONE NUMBER:** _____

TRADING PARTNER ID: _____

VENDOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

VENDOR PHONE NUMBER: _____

VENDOR CONTACT: _____

I (we) request to receive Remittance Advice (RA) information and authorize the information to be deposited in our electronic mailbox. I (we) accept financial responsibility for costs associated with receipt of Electronic RA information.

I (we) understand that paper-formatted RA information will continue to be sent to my (our) mailing address as maintained at EDS until I (we) submit an Electronic RA Certification Request Form.

I (we) will continue to maintain the confidentiality of records and other information relating to recipients in accordance with applicable state and federal laws, rules, and regulations.

Authorized Signature: _____ **Date:** _____

Title: _____ **Internet Address:** _____

Mail form to: EDS • Attn: EDI Department • P.O. Box 244035 • Montgomery, AL 36124

FAX form to: 334-215-4272 Attn: EDI Department

FOR EDS USE ONLY

BILLING MODE: _____ **RA MODE:** _____ **PROTOCOL:** _____

CONTACT DATE: _____ **SOFTWARE MAILED:** _____

TEST DATE: _____ **AGREEMENT DATE:** _____ **APPROVAL DATE:** _____

BEGIN DATE: _____ **END DATE:** _____

NOTES: _____
