



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 Unicare (80314)

To enroll with Unicare for ERAs complete and send the payer agreement directly to Unicare. 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.

****NOTE** UNICARE DOES NOT REQUIRE PROVIDERS TO RECEIVE EFTs IN ORDER TO REQUEST ERAs. IF YOU DO NOT WISH TO REQUEST EFTs, ONLY SEND THE ERA ENROLLMENT FORM.**

Guidelines for Enrolling with this Payer

1. Fax or mail the completed ERA/EFT Forms to:

Unicare
Attn: EDI Services CAAC07-077B
21555 Oxnard St.
Woodland Hills, CA 91367-4943
Fax: (877) 330-2585

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

For Portal Users: Enroll using the Capario Portal Enrollment Tool.

The ERA Enrollment Request Form is not needed.



**ERA
Enrollment Form**

Please Fax or E-mail completed forms to:
Fax: (877) 330-2585 / edienroll-ca@wellpoint.com

UniCare
ATTN: EDI Services CAAC07-077B
21555 Oxnard Street, Woodland Hills, CA 91367-4943
EDI Technical Support: (877) 210-4083
**Incomplete or illegible enrollment packages will be returned
unprocessed.**

Please print clearly. A separate form is required for each Tax Identification Number.

Institutional Professional Dental

Provider Name: _____ Location code _____
If applicable
Tax ID #: _____ NPI #: _____ Medicare #: _____
Institutional Providers Only
Street Address: _____ City: _____ State: _____ ZIP: _____
Contact Name: _____ Title: _____
Email: _____ Phone: _____ Fax: _____

Please indicate method of retrieval for your UniCare Electronic Remittance Advice (ERA) file:

- We are a direct claim submitter and will download our own ERA files.
Our electronic mailbox ID is (ex: UN12345P) _____
Our ERA translation software is _____
- Please assign a new mailbox to download our own ERA files.
Our ERA translation software is _____
- We are switching vendors. Please discontinue our current ERA services with vendor: _____
- Our vendor will retrieve all ERA files for us. (Please have vendor complete the following fields.)

Vendor Name: _____
Vendor Contact Name: _____
Vendor Contact Phone: _____
Vendor Email: _____
Vendor Submitter ID: _____

*Note: Please be sure your vendor is set up to receive ERA files from UniCare.
We cannot process this request if they are not set up.*

A company officer must sign this form. This is a legal document.

PRINT
NAME: _____ SIGNATURE: _____
TITLE: _____ DATE: _____ PHONE: _____



EFT Enrollment Form

UniCare
ATTN: EDI Services CAAC07-077B
21555 Oxnard Street, Woodland Hills, CA 91367-4943
EDI Technical Support: (877) 210-4083
Incomplete or illegible enrollment packages will be returned unprocessed.

A copy of a voided check or bank authorization letter for the account receiving the direct deposit must be attached.

DEPOSIT SLIPS ARE NEVER ACCEPTED UNDER ANY CIRCUMSTANCES.

PROVIDER NAME (REQUIRED) Email: _____	MEDICARE PROVIDER NUMBER (REQUIRED)
ADMINISTRATIVE CONTACT: (REQUIRED)	TAX ID NUMBER: (REQUIRED)
TITLE: (REQUIRED)	PHONE NUMBER: (REQUIRED)

BANK INFORMATION Bank Account Change Only

NAME ON BANK ACCOUNT (REQUIRED)	
ACCOUNT TYPE (REQUIRED)	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
BANK NAME (REQUIRED)	BRANCH NAME (REQUIRED)
BANK ADDRESS (REQUIRED)	BANK PHONE NUMBER (REQUIRED)
ACCOUNT NUMBER (REQUIRED)	TRANSIT/ABA NUMBER (REQUIRED)

You are authorizing UniCare to deposit payments for claims to the account listed above. This is a legal document. An authorized signer on the bank account must sign this form.

PRINT NAME:
(REQUIRED) _____

SIGNATURE:
(REQUIRED) _____

TITLE:
(REQUIRED) _____

PHONE NUMBER:
(REQUIRED) _____

DATE SIGNED:
(REQUIRED) _____

FAX NUMBER: _____