

**Agreement to Receive Electronic
National Benefit Fund Eras (13162)**

This form must be completed and approved by the payer before receiving eras from the payer.

Instructions for completing this form

Fill out this form in its entirety

Provider billing name
Billing NPI
Tax Id
Billing Address
Contact Name
Contact email or telephone number

Once completed print the form and fax it to Ingenix

Ingenix Connectivity Solutions
1755 Telstar Dr. Ste. 400
Colorado Springs, CO 80920
Fax: 877-630-2064



ERA Registration/Authorization Form

The following information is required to facilitate the ERA Enrollment and Authorization process. Please complete this form as indicated. When finished, click the SUBMIT button in the top right corner of the page.

ERA enrollment for this payer takes approximately 2 weeks.

If you have questions or need assistance with this process, please contact the MD On-Line Enrollment Dept at 888-499-5465, option 4.

Provider/Billing Name: _____

* Note: If billing as a group, use the Group name

Billing NPI: _____

* Note: If billing as a group, use the Group NPI number.

Tax ID: _____

Billing Address: _____

*Note: This is the address where payment is sent.

Contact Name: _____

Preferred Contact Method:

Email: _____

Telephone: _____

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TRANSACTIONING THE BUSINESS OF HEALTHCARE

