MDX Hawai'i

835 Health Care Electronic Remittance Advice (ERA) Request Form Instructions for New Enrollment

The "835 Health Care Electronic Remittance Advice Request Form" is for providers who want to receive a HIPAA X12N 835 version 5010 A1 electronic remittance (ERA) transaction (Raw Data File) from MDX Hawai'i. This form augments any existing provider services contract(s), if applicable, and does not supersede any agreements entered into under those contract(s).

Please complete this form and fax it to MDX Hawai'i at **532-3396** on Oahu, or **1-800-844-7522** toll-free from the Neighbor Islands. If you have any questions, please call our Medicare Advantage Provider Call Center at 532-6989 on Oahu, or 1-800-851-7110 from the Neighbor Islands.

Provider Information	
This section must be completed by the provider office. • Please check ("✓") Individual Provider if you are a stand-alone physician and submitting professional claims. Individual provider must practice under single tax id or payment to the group. • Please check ("✓") Group/Practice if there is more than one physician within your practice and submitting professional claims. Group providers must practice under single tax id. • Please check ('✓') Facility if you submit institutional claims. • Please check ('✓") Both Group & Facility if you submit both professional and institutional claims.	
Please indicate your classification (Check ("✓") all applicable): ☐ Individual Provider ☐ Group/Practice ☐ Facility ☐ Both Group & Facility	
Provider/Group Name:	
Provider TAX ID:	Multiple TAX ID's: (Complete Attachment 1)
NPI:	
Provider Contact Name:	
Provider Billing Address:	
Provider City, State, and Zip:	
Provider Contact Phone Number:	
Provider E-mail Address:	

Vendor Information
This section is for the vendor that receives the 835 Health Care Electronic Remittance Advice from MDX Hawai'i. The vendor could be a clearinghouse or billing agency that will retrieve the files from MDX Hawai'i.
Name:
Contact Name:
Address:
City, State, and Zip:
Provider E-mail Address:

Rev. 10/2017

Health Care Provider Certification

The undersigned Health Care Provider _____ hereby certifies to MDX Hawai'i the following with respect to the 835 Electronic Remittance Advice (select either Option 1 or Option 2 below):

☐ **OPTION #1: I would like to test my ERA file for 30 days.**

Note: After 30 days of testing, paper Provider Remittance Advice (PRA) will no longer be sent to the Health Care Provider.

- Health Care Provider will coordinate receipt of remittance test file(s) from the designated clearinghouse/vendor.
- Health Care Provider acknowledges that they received the test file(s).
- Health Care Provider will notify their EDI Clearinghouse of their intention to begin ERA testing.

☐ **OPTION #2: I would like to start receiving my ERA file upon setup without testing.**

Note: Paper PRA will no longer be sent to the Health Care Provider.

- Health Care Provider has notified their EDI Clearinghouse of their intention to start their ERA processing upon setup.
- Health Care Provider will start receiving and processing MDX Hawai'i's Electronic Remittance Advice (ERA) information.
- Health Care Provider agrees that upon approval of this Certification and the initiation of routine ERA processing, Health Care Organization will no longer receive hard copy Provider Remittance Advice (PRA).
- Health Care Provider, or an authorized representative of the Health Care Organization, will notify MDX Hawai'i in writing of any changes or corrections required in the ERA process.

Authorization Signature

_____, hereby appoints
(Provider Name/Provider Representative Name (please print)

_____to act as an authorized agent for the purpose of
(Vendor Name (please print))

retrieving the 835 electronically from MDX Hawai'i.

Approved By:

_____ _____
Signature (Authorized Representative) Print Title

_____ _____
Printed Name of Authorized Representative Date

Attachment 1: Multiple Tax IDs

If you receive reimbursement for multiple Tax IDs, please list them below. If you prefer to receive the 835 Health Care Electronic Remittance Advice (ERA) for one Tax ID, please ensure that Tax ID is placed in the Provider Information section.

Please check ("✓") one of the following:

☐ I want to receive the 835 File with ALL Tax ID's in one file.

☐ I want to receive the 835 File for each INDIVIDUAL Tax ID.

Facility Name / Group Name / Practice Name / Provider Name	Tax ID	NPI	Billing Address