

**Significa Benefits Services, Inc.**  
**Provider EDI ERA Request Form**

The purpose of this document is to provide a method for healthcare providers to notify Significa Benefits Services, Inc. (SBS) of their desire and ability to accept Electronic Remittance Advance transactions via electronic data interchange (EDI).

The ERA format is the HIPAA-compliant X.12 835 transaction and the delivery method is via WebMD. Only claims received as an EDI X.12 837 transaction are eligible to be returned as an EDI X.12 835 transaction.

Please complete the information below and fax this form to the attention of "EDI Analyst / IT Department" at 717-581-1318.

Provider Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address\*: \_\_\_\_\_

(\* Email address will be used only for purposes of this communication.)

Are you currently sending EDI claims to SBS via WebMD?:  Yes  No

If No, what vendor are you using to submit claims to SBS? \_\_\_\_\_

Are you currently receiving ERA's via WebMD?  Yes  No

Are you currently able to receive payments electronically?  Yes  No

If Yes, please describe the methodology currently in use to accomplish the

movement of funds from the payer to you: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_