

Significa Benefit Services, Inc. Provider EDI ERA Request Form

The purpose of this document is to provide a method for healthcare providers to notify Significa Benefit 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 Emdeon. 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 717-581-6529.

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 Emdeon?: ____ Yes ____ No

If no, what vendor are you using to submit claims to SBS?: _____

Are you currently receiving ERA\$ via Emdeon?: ____ 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: _____

