

# ELECTRONIC REMITTANCE ADVICE ENROLLMENT/MODIFICATION FORM

Important: Read all instructions carefully before filling out this form. You can find the instructions at [www.mass.gov/lists/eftera-enrollment](http://www.mass.gov/lists/eftera-enrollment).

<b>PROVIDER INFORMATION</b>			
Provider legal name		DBA name	
Street	City	State	ZIP
<b>PROVIDER IDENTIFIER INFORMATION</b>			
Provider TIN or EIN		NPI	
<b>OTHER IDENTIFIER(S)</b>			
Assigning authority		Trading partner ID	
Provider type		Provider taxonomy code	
<b>PROVIDER CONTACT INFORMATION</b>			
Provider contact name		Title	
Tel.	Tel. Ext.	Fax	Email
<b>PROVIDER AGENT INFORMATION</b>			
Provider agent name		Street	
City		State	ZIP
Provider agent contact name		Title	
Tel.	Tel. Ext.	Fax	Email
<b>RETAIL PHARMACY INFORMATION</b>			
Pharmacy name		Chain number	
Parent organization ID		Payment center ID	
NCPDP provider ID number		Medicaid provider number	
<b>ELECTRONIC REMITTANCE ADVICE INFORMATION</b>			
Provider tax ID	Provider NPI	Method of retrieval	
<b>ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION</b>			
Clearinghouse name		Clearinghouse contact name	
Tel.		Email	
<b>ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION</b>			
Vendor name		Vendor contact name	
Tel.		Email	
<b>SUBMISSION INFORMATION</b>			
Reason for submission: <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment			
Written signature of person submitting enrollment			
Electronic signature of person submitting enrollment			
Printed name of person submitting enrollment			
Printed title of person submitting enrollment			
Submission date	Requested ERA effective date		

- You can check your ERA enrollment status by contacting MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
- You can find instructions for completing this form at [www.mass.gov/lists/eftera-enrollment](http://www.mass.gov/lists/eftera-enrollment).
- You can complete this form either on paper or electronically. Electronic forms can be uploaded via the Provider Online Service Center (POSC). All paper forms must be faxed or mailed as follows.

**Fax:** (617) 988-8974

**Mail:** MassHealth Provider Enrollment and Credentialing  
PO Box 278  
Quincy, MA 02171-0278