



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/eft-era-enrollment.

PROVIDER INFORMATION				
Provider legal name			DBA name	
Street	City		State	ZIP
PROVIDER IDENTIFIER INFORMATION				
Provider TIN or EIN			NPI	
OTHER IDENTIFIER(S)				
Assigning authority			Trading partner ID	
Provider type			Provider taxonomy code	
PROVIDER CONTACT INFORMATION				
Provider contact name			Title	
Tel.	Tel. Ext.	Fax	Email	
PROVIDER AGENT INFORMATION				
Provider agent name		Street		
City		State		ZIP
Provider agent contact name			Title	
Tel.	Tel. Ext.	Fax	Email	
RETAIL PHARMACY INFORMATION				
Pharmacy name			Chain number	
Parent organization ID		Payment center ID		
NCPDP provider ID number		Medicaid provider number		
ELECTRONIC REMITTANCE ADVICE INFORMATION				
Provider tax ID		Provider NPI		Method of retrieval
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION				
Clearinghouse name		Clearinghouse contact name		
Tel.		Email		
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION				
Vendor name		Vendor contact name		
Tel.		Email		
SUBMISSION INFORMATION				
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.
- 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