Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
www.mass.gov/masshealth

Electronic Remittance Advice Enrollment/Modification Form

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

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