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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