



## ERA Enrollment Form

Electronic Remittance Advice (ERA/835)

### CLEARING HOUSE (CHECK ONLY ONE)

OFFICE ALLY

CLAIMREMEDI

### PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (or)  
Employer Identification Number (EIN):

Vendor Name / Organization Name

Print Name

Title

Signature

Date

Email

Phone

Submit form to [ProviderRelationsDept@networkmedicalmanagement.com](mailto:ProviderRelationsDept@networkmedicalmanagement.com), subject line- ERA Registration.

Revised 01.27.2022