



Electronic Remittance Advice and Electronic Funds Transfer Enrollment

Please complete only one enrollment form per TIN# and attach additional information if needed.

<i>Check all that apply:</i>	Sections required to be completed	Enroll	Change	Terminate
ERA for Medical Claims	A, B, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Medical Claims	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Med Claims & Capitation	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERA and EFT for Medical Claims	A, B, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Indicates required fields within each section. Incomplete and/or illegible fields and signatures may cause your enrollment to be delayed.**

A. Practice Information – Please note: Illegible or incomplete fields may cause your enrollment to be delayed.		
* Name	* Tax ID Number (TIN)	* Pay to/Billing National Provider Identifier (NPI)
* Contact Name	* Email Address	
* Telephone Number ()	Fax Number ()	
Primary Service Address	Primary Billing Address	
* Do you require ERAs to be split by billing location? <input type="checkbox"/> Yes <input type="checkbox"/> No	* To be split by NPI? (requires 2 or more NPI) <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Select one of the options below. Please note: ERA replaces your paper EOBs 30-45 days after enrollment.		
Option 1 – Vendor/Clearinghouse Information - You may only receive Aetna ERAs from one of the vendors listed within the attached link		
<input type="checkbox"/> See list of vendors at: http://www.aetna.com/provider/medical/service_med/electronic_med/clearinghouse.html		
* Vendor/Clearinghouse Name	Contact Name	
Email Address	Contact Phone Number ()	User Name/App ID/Entity Gen Key/Acct Number (if applicable)
Option 2 – Aetna Secure Provider Website via NaviNet®		
* Registration complete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> * User ID(s) _____		
Option 3 – For Aetna EDI ConnectSM ERA Users		
<input type="checkbox"/> Aetna EDI Connect (secure FTP in the X12 format only)		
<input type="checkbox"/> * Registration complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> * User ID(s) _____		
* Do you use a billing service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Billing service name: _____		
* Billing service contact name: _____		
* Billing service contact phone: _____		

C. EFT- Direct Deposit/Banking Information

When enrolling a *new* or *changed* account for EFT, a voided check or letter from your bank is required.

To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). Please note if you require payments to be deposited into multiple bank accounts, you must complete bank account information for each account. Capitation payments made under a single TIN can only be deposited into one bank account. New EFT enrollment or changes to existing EFT banking information will trigger a new EFT pre-note period. The EFT pre-note period will run for 10 days from the effective date. Production will start on day 11. You are responsible for notifying Aetna if your banking information changes.

* **Bank Name** _____ **Address** _____

* **Bank routing number** (9 digits found on check, NOT deposit slip)

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* **Account Number** _____ **(voided check or bank letter required)**

* **Account type:** Savings Checking

* **TIN number of provider associated with above account** _____

If information supplied above is a change request, please provide the following information:

* **Previous Bank Name** _____ **Previous Address** _____

* **Previous Bank Routing Number** (9 digits found on check, NOT deposit slip)

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* **Previous Account Number** _____

* **Account type:** Savings Checking

* **TIN number of provider associated with above account** _____

When enrolling a *new* or *changed* account for EFT, a voided check or letter from your bank is required.

Please be aware, follow-up by an Aetna representative to a supervisor-level authorized health care professional may occur to ensure accuracy of banking information.

D. Authorization Agreement – Please read and sign your name below.

Electronic Funds Transfers (EFT)

I hereby authorize Aetna, on behalf of itself and its affiliates, including Aetna Life Insurance Company and Aetna Health Inc. (hereinafter "Company"), to initiate credit entries to the account(s) at the bank(s) listed above for all benefits payments. This agreement will remain in effect until I notify Company of the desire to cancel or change this service or until Company notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. If Company credits more money than the correct benefits amount to the account due to duplicate electronic funds transfers (where "duplicate" is defined as multiple electronic funds transfers received for the same services rendered, the same membership and the same dates of service) or erroneous electronic funds transfers (where "erroneous" is defined as complete electronic funds transfers received in error), I authorize Company to withdraw the overpayment. I authorize and request the bank(s) listed above to accept any credit entries by Aetna to such account(s) and to credit the same to such account(s).

Electronic Remittance Advice (ERA) – Legislative Updates

Certain claims payment/remittance information required by various state requirements cannot be transmitted using the HIPAA-compliant ERA transaction. When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, we will post details of our state requirements compliance plan on our ERA Inquiry website. You may access these details by clicking "Legislative Updates" on the Welcome page of the ERA Inquiry site. You will be granted access to this site as part of the ERA enrollment process. Thank you for your cooperation in this effort.

Electronic Remittance Advice (ERA) – Pended Claims

When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, such as information regarding pended claims, health care professionals can obtain this information in other ways:

For pended claims received **electronically**, the request for information is returned in a Claim Status Response (277). However, Aetna is aware that some providers have agreements with their vendor/clearinghouse to receive some, all or none of their unsolicited claims status responses. Therefore, please work with your vendor/clearinghouse to ensure you receive all level 2 claims status responses in order to receive this information. If you prefer, or are unable to receive these responses, you may use the real-time claims status inquiry transaction to obtain this information as well.

For pended claims received on **paper**, a request for more information may be sent by letter or phone call. However, if you have not received any such request within 30 days of a claims submission on paper, please use the claims status inquiry transaction to view this information.

Please work with your Aetna representative if you need assistance using the claims status inquiry transaction. Thank you for your cooperation in this effort.

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Authorization for Direct Deposit of Benefits Payments, Legislative Updates and Pended Claims.

* Authorized health care professional name: _____ * Title _____
signature _____ * Date _____

Authorized health care professional may be MD, CFO, CEO, etc.

* Supervisor-level authorized health care professional name: _____ * Title _____
signature _____ * Date _____

Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc

* Form completed by _____

* Telephone number (____) _____ Fax number (____) _____

* Email address: _____

*** One authorized health care professional AND one supervisor-level authorized health care professional signature is required.**

*** Incomplete and/or illegible signatures will cause your enrollment to be delayed**

Please FAX completed form, voided check and/or bank letter to Aetna ERA Enrollment at 860-754-9122.