


 Minnesota Department of **Human Services**

Electronic Remittance Advice (RA) Request Form

Complete this form to request the addition or removal of electronic RAs to or from a provider, clearinghouse or billing intermediary, for example, when a provider changes billing intermediaries. Providers may not choose to receive paper RAs (Minnesota Statutes 62J.536 requires electronic only RAs by 12/15/09). **The MHCP provider must authorize, sign and date all changes.** Fax completed form to (651) 431-7462.

MHCP PROVIDER NAME	NPI/UMPI
CONTACT PERSON	CONTACT PHONE NUMBER ()

CLEARINGHOUSE/BILLING INTERMEDIARY NAME (IF APPLICABLE)	UMPI
CONTACT PERSON	CONTACT PHONE NUMBER ()

ADD <input type="checkbox"/> 835 X12 <input type="checkbox"/> 835 PDF	REQUESTED START DATE (MM/DD/YYYY)
REMOVE <input type="checkbox"/> 835 X12 <input type="checkbox"/> 835 PDF	REQUESTED END DATE (MM/DD/YYYY)

ADDITIONAL COMMENTS

NAME (PLEASE PRINT)	PHONE NUMBER ()
MHCP PROVIDER SIGNATURE (REQUIRED)	DATE (MM/DD/YYYY)

FOR OFFICE USE ONLY		
EDI REPRESENTATIVE	PHONE NUMBER ()	DATE (MM/DD/YYYY)